

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766756

1. Entity Name

SEMINOLE HIGH SCHOOL BASEBALL BOOSTERS CLUB, INC.

Principal Place of Business

8401-131ST STREET NORTH
SEMINOLE FL 33776
US

Mailing Address

8401-131ST STREET NORTH
SEMINOLE FL 33776
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOZLOWSKI, RAY
10701 59TH AVENUE NORTH
SEMINOLE FL 33772

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Delete
NAME KOZLOWSKI, RAY
STREET ADDRESS 10701 59TH AVENUE NORTH
CITY-ST-ZIP SEMINOLE FL 33776

TITLE P/D ☒ Change ☐ Addition
NAME Joe Abrahamson
STREET ADDRESS 9569 135th Street
CITY-ST-ZIP Seminole, FL 33776

TITLE DS ☒ Delete
NAME KOTCHMAN, SUE
STREET ADDRESS 8445 125TH CT N
CITY-ST-ZIP SEMINOLE FL 33776

TITLE V/D ☐ Change ☒ Addition
NAME John W. Chappie
STREET ADDRESS 11301 Bella Loma
CITY-ST-ZIP Largo, FL 33774

TITLE DT ☒ Delete
NAME WILSON, ANN
STREET ADDRESS 12744 91ST AVENUE NORTH
CITY-ST-ZIP SEMINOLE FL 33776

TITLE ☒ Change ☐ Addition
NAME Cindy Massie
STREET ADDRESS 12645 74 Ave.
CITY-ST-ZIP Seminole, FL 33776

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T/D ☒ Change ☐ Addition
NAME Janelle Makowski
STREET ADDRESS 11209 SPRING STREET
CITY-ST-ZIP LARGO, FL 33774

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)