

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005400

1. Entity Name

LAKE MARY HIGH SCHOOL NJROTC BOOSTER CLUB, INC.

Principal Place of Business

655 LONGWOOD LAKE MARY RD.
LAKE MARY FL 32746

Mailing Address

655 LONGWOOD LAKE MARY RD.
LAKE MARY FL 32746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WERTENBERGER, THOMAS
655 LONGWOOD LAKE MARY RD.
LAKE MARY FL 32746

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 PD
NAME SMALLEY, JEANETTE
STREET ADDRESS 959 SHRIVER CIRCLE
CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete

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

TITLE VD
NAME COPP, LEE
STREET ADDRESS 440 HILLSDALE CT.
CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete

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

TITLE SD
NAME CAYCE, JAN
STREET ADDRESS 604 RIVERPARK CIRCLE
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

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

TITLE TD
NAME BARNHILL, JAMES
STREET ADDRESS 3499 ROCKCLIFF PLACE
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

James Barnhill, Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90291 007 ****61.25

816294



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3664898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)