

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90789 027 ****61.25

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

4. FEI Number

59-3664498

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 | NAME | STREET ADDRESS | CITY - ST - ZIP | Delete |
|-------|-------------------|----------------------|--------------------|-------------------------------------|
| PD | SMALLEY, JEANETTE | 959 SHRIVER CIRCLE | LAKE MARY FL 32746 | <input checked="" type="checkbox"/> |
| VD | COPP, LEE | 440 HILLSDALE CT. | LAKE MARY FL 32746 | <input checked="" type="checkbox"/> |
| SD | CAYCE, JAN | 604 RIVERPARK CIRCLE | LONGWOOD FL 32779 | <input checked="" type="checkbox"/> |
| TD | BARNHILL, JAMES | 3499 ROCKCLIFF PLACE | LONGWOOD FL 32779 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | Change | Addition |
|-------|-------------------|----------------------|---------------------|-------------------------------------|-------------------------------------|
| PD | KLOUSTAD, DAVE | 851 SHRIVER CIR. | LAKE MARY, FL 32746 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| VD | ASUNCION ESCOBEDO | 127 SUNSET DR. | LONGWOOD, FL 32780 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| SD | JENNY GESSLER | 102 HICKORY TREE ROW | LONGWOOD, FL 32750 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| TD | BARNHILL, JAMES | 1101 Dellk Rd | Longwood, FL 32779 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 4-15-02 407-230-7979
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)