

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N22533**

1. Entity Name

BLOOMINGDALE SENIOR HIGH SCHOOL ATHLETIC BOOSTER

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90045 039 ****70.00

Principal Place of Business

Mailing Address

C/O DAVIS.BARRY
 1700 BLOOMINGDALE AVE. E.
 VALRICO FL 33594-6220
 US

C/O DAVIS.BARRY
 1700 BLOOMINGDALE AVE. E.
 VALRICO FL 33594-6220
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2836461

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DAVIS, BARRY
 1700 E. BLOMINGDALE AVE.
 VALRICO FL 33594

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

Barry Davis

5-25-00

**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	<input checked="" type="checkbox"/> Delete
NAME	MADISON, CHARLES	
STREET ADDRESS	1700 BLOOMINGDALE AVE E	
CITY-ST-ZIP	VALRICO FL 33594-6220	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	DOSS, HOWARD	
STREET ADDRESS	1700 BLOOMINGDALE AVE E	
CITY-ST-ZIP	VALRICO FL 33594-6220	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GESELL, ELLEN	
STREET ADDRESS	1700 BLOOMINGDALE AVE E	
CITY-ST-ZIP	VALRICO FL 33594-6220	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phyllis Chew	
STREET ADDRESS	1700 Bloomingdale Ave. E	
CITY-ST-ZIP	Valrico, Fl. 33594-6220	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa Martinez	
STREET ADDRESS	1700 Bloomingdale Ave. E	
CITY-ST-ZIP	Valrico, Fl. 33594-6220	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melanie Stump	
STREET ADDRESS	1700 Bloomingdale Ave. E	
CITY-ST-ZIP	Valrico, Fl. 33594-6220	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cathy Belton	
STREET ADDRESS	1700 Bloomingdale Ave. E	
CITY-ST-ZIP	Valrico, Fl. 33594-6220	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barry Davis	
STREET ADDRESS	1700 Bloomingdale Ave. E	
CITY-ST-ZIP	Valrico, Fl. 33594-6220	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Barry Davis **DAVIS D**

Date

Daytime Phone #

5-25-00 (813) 744-8018

CR2E037 (9/99)