

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51064

1. Entity Name

LEON CREW BOOSTERS, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90141 005 \*\*\*\*61.25

Principal Place of Business PO BOX 38154 TALLAHASSEE FL 32315 US	Mailing Address PO BOX 38154 TALLAHASSEE FL 32315-8154 US
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DO NOT WRITE IN THIS SPACE

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 <b>59-3222198</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**DUNLAP, DAVISSON F JR**  
**215 S. MONROE**  
**2ND FLOOR**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PARMER, PAT</b>	
STREET ADDRESS	<b>3012 STILLWOOD CT.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DENNIS, TRACEY</b>	
STREET ADDRESS	<b>520 TALAFO ST.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JOHNSON, VICKIE D</b>	
STREET ADDRESS	<b>4558 HIGHGROVE RD.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DECKER, BARBARA</b>	
STREET ADDRESS	<b>6309 COACH HOUSE COURT</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Cindy Durtschi</b>	
STREET ADDRESS	<b>3059 Killearn Pte Ct</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32312</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Cheryl Davis</b>	
STREET ADDRESS	<b>513 Martin St.</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 REQUIRED** *Cindy Durtschi* 22 Jan 2000 **644-7853**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)