

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90173 020 \*\*\*\*61.25

0066892

**DOCUMENT # N51064**

1. Entity Name  
**LEON CREW BOOSTERS, INC.**



Principal Place of Business  
**PO BOX 38154  
TALLAHASSEE FL 32315  
US**

Mailing Address  
**PO BOX 38154  
TALLAHASSEE FL 32315  
US**

JUN 17 2003



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3222198**

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

**ROBERTS, PAM  
1126 SAVANNAH TRACE  
TALLAHASSEE FL 32312**

Name **David M. Harlan, Jr**

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

**1193 Ronds Pointe Drive East**

City **Tallahassee**

**FL**

Zip Code **32312**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**David M. Harlan, Jr/Treasurer**

**02-10-03**

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP**  Delete  
NAME **GUIDO, BOB**  
STREET ADDRESS **1328 PEACEFIELD PLACE**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DVP**  Delete  
NAME **ROBERTS, PAM**  
STREET ADDRESS **1126 SAVANNAH TRACE**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE  Change  Addition  
NAME **Lucy Schiefelbein**  
STREET ADDRESS **1449 Goodwood Ct.**  
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **DVP**  Delete  
NAME **REHWINKEL, CHARLES**  
STREET ADDRESS **490 TEENIE CT**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S**  Delete  
NAME **CRABTREE, ELLEN**  
STREET ADDRESS **181 ROSEHILL DR**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S**  Delete  
NAME **BARRIOS, NINA**  
STREET ADDRESS **914 SHOAL CREEK DR**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T**  Delete  
NAME **HARLAN, DAVID**  
STREET ADDRESS **1193 RONDS POINTE DR EAST**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

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: **David M. Harlan, Jr/Treasurer** 02-10-03 850-413-4960

CR2E037 (10/02)