

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 29, 2000 8:00 am**  
**Secretary of State**

06-29-2000 90398 042 \*\*\*\*61.25

**DOCUMENT # N95000003038**

1. Entity Name

**ASHTON PARENTS BOOSTERS, INC.**

*R*

Principal Place of Business

Mailing Address

5110 ASHTON ROAD  
 SARASOTA FL 34232

5110 ASHTON ROAD  
 SARASOTA FL 34233-3415

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

**65-0592120**

Applied For

Not Applicable

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

**DUNCAN, LLOYD K**  
**2193 RINGLING BLVD**  
**SARASOTA FL 34237**

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	<input type="checkbox"/> Delete
NAME	RENDA, KAREN	
STREET ADDRESS	4649 MEADOWVIEW CIR	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCFARLANE, SUZIE	
STREET ADDRESS	4721 DUHN DR.	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CONNELL, PAT	
STREET ADDRESS	4925 WINTERHAVEN RD.	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PADGETT, GLENDA L	
STREET ADDRESS	RT 2 BOX 708 SIDELL RD	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS DONNA	
STREET ADDRESS	4373 MEADOWLAND CIR	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	VICE Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOLTZFOOS BETTY	
STREET ADDRESS	5824 COUNTRYWOOD DR	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEYCHOK-BOYER LILA	
STREET ADDRESS	4501 QUAIL RUN LN	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPORICE, JANET	
STREET ADDRESS	4058 GREENTREE AV	
CITY-ST-ZIP	SARASOTA, FL 34233	
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: *Janet Caporice* **JANET CAPORICE, TREAS - 5/24/00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **924-1173** Daytime Phone #

CR2E:037 (5/99)

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DO NOT WRITE IN THIS SPACE