

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90372 034 ****61.25

DOCUMENT # N95000003038

1. Entity Name

ASHTON PARENTS BOOSTERS, INC.

Principal Place of Business

Mailing Address

**5110 ASHTON ROAD
 SARASOTA FL 34232**

**5110 ASHTON ROAD
 SARASOTA FL 34232**

A0066616



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

65-0592120

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

**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 checked="" 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laurie Goodwin	
STREET ADDRESS	5110 Ashton Road	
CITY-ST-ZIP	Sarasota FL 34233	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debbie Veldkamp	
STREET ADDRESS	5110 Ashton Road	
CITY-ST-ZIP	Sarasota FL 34233	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Becky Maxey	
STREET ADDRESS	5110 Ashton Road	
CITY-ST-ZIP	Sarasota FL 34233	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandra Teresa	
STREET ADDRESS	5110 Ashton Road	
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: *Sandra Teresa* **SIGNATURE REQUIRED** Sandra Teresa 4-30-01 941 927 7071

CR2E037 (10/00)