

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90005 001 ****61.25

DOCUMENT # N96000006498

1. Entity Name

COUNTRYSIDE BOYS BASKETBALL BOOSTER CLUB, INC.



Principal Place of Business

Mailing Address

S.R. 580
 COUNTRYSIDE HIGH SCHOOL
 CLEARWATER FL 34621

C/O ROBERT M. OSBORNE
 101 MEADOWCROSS DR
 SAFETY HARBOR FL 34695-4721



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

59-3402743

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

OSBORNE, ROBERT M
101 MEADOWCROSS DR
SAFETY HARBOR FL 34695-4701

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
After September 13, 2000 min. will be \$236.25

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** Delete
 NAME **HUERTAS, BRUCE**
 STREET ADDRESS **20 SUMMIT LANE**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **PD** Change Addition
 NAME **BRONSON, JEFF**
 STREET ADDRESS **725 N ELM ST**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **TD** Delete
 NAME **OSBORNE, ROBERT M**
 STREET ADDRESS **101 MEADOWCROSS DR**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **MASCOLL, JANICE**
 STREET ADDRESS **5 FERNBROOKE DR**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **BRONSON, JEFF**
 STREET ADDRESS **725 N ELM ST.**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **VD** Change Addition
 NAME **ART MERRITT**
 STREET ADDRESS **3102 GLENWOOD CRT**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Robert M Osborne **REQUIRED**

7/29/00

727-796-4296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)