

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90852 032 \*\*\*\*61.25

**DOCUMENT # N96000006498**

1. Entity Name

**COUNTRYSIDE BOYS BASKETBALL BOOSTER CLUB, INC.**

Principal Place of Business

S.R. 580  
 COUNTRYSIDE HIGH SCHOOL  
 CLEARWATER FL 34621

Mailing Address

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

2. Principal Place of Business

SAME AS ABOVE  
 Suite, Apt. #, etc.

3. Mailing Address

C/O JACQUELINE BARRY  
 Suite, Apt. #, etc.  
**68 CRANE DRIVE**

City & State

City & State  
**SAFETY HARBOR, FLORIDA**

4. FEI Number

**59-3402743**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34695**

**PINELLAS**

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **JACQUELINE BARRY**

Street Address (P.O. Box Number is Not Acceptable)  
**68 CRANE DRIVE**

**SAFETY HARBOR**

City  
**FLORIDA**

**FL**

Zip Code  
**34695**

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

*Jacqueline Barry* 4/3/02 April 3, 2002  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>YANCHAR, ROLLIN</b> <b>1210 GARDENLAKE CR</b> <b>ODESSA FL 33551</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>OSBORNE, ROBERT M</b> <b>101 MEADOWCROSS DR</b> <b>SAFETY HARBOR FL 34695</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MASCOLL, JANICE</b> <b>5 FERNBROOKE DR</b> <b>SAFETY HARBOR FL 34695</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>OSBORNE, DEBBIE</b> <b>101 MEADOW CROSS DR</b> <b>SAFETY HARBOR FL 34695</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>BROWN, WILLIAM</b> <b>3101 GLENEAGLES DR., E</b> <b>CLEARWATER, FL 33761</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>BARRY, JACQUELINE</b> <b>68 CRANE DRIVE</b> <b>SAFETY HARBOR, FL 34695</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MASCOLL, JANNIS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>MASCOLL, JOHN O.</b> <b>5 FERNBROOKE DRIVE</b> <b>SAFETY HARBOR, FL 34695</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Jacqueline Barry*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 03/2002 727-424-5656  
 Date Daytime Phone #

0302924

CR2E037 (9/01)