

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # N97000004223

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
BOYS & GIRLS CLUB OF HIGHLANDS COUNTY, INC.

Principal Place of Business 2221 U.S. 27 SOUTH SEBRING FL 33870	Mailing Address 2221 U.S. 27 SOUTH SEBRING FL 33870
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3468588	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GOSSETT, GARY R JR
2221 U.S. 27 SOUTH
SEBRING FL 33870

7. Name and Address of New Registered Agent
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)

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-03/14/00--01126--003
*****61.25 *****61.25

**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	D <input checked="" type="checkbox"/> Delete DELL, PAT 2221 U.S. 27 SOUTH SEBRING FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DECERBO, JOE 2221 U.S. 27 SOUTH SEBRING FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete ROSE, GLENN 2221 U.S. 27 SOUTH SEBRING FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete QUIGLEY, MICHAEL 2221 U.S. 27 SOUTH SEBRING FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CARUSO, JOHN 2221 U.S. 27 SOUTH SEBRING FL 33870
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	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Walters, Alvin Sr. 2221 U.S. 27 South Sebring, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Noaker, John 2221 U.S. 27 South Sebring, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Doty, Kip 2221 U.S. 27 S., Sebring, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gossett, Gary R. 2221 U.S. 27 South, Sebring, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dunson, Lisa 2221 U.S. 27 S., Sebring, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hilton, Forrest 2221 U.S. 27 S., Sebring, FL 33870

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: *Lisa Dunson* **L. Dunson** 2/1/2000 863-385-8091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)