

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

0083 3

05-18-2001 91553 032 \*\*\*\*61.25

**DOCUMENT # N97000004223**

1. Entity Name

**BOYS & GIRLS CLUB OF HIGHLANDS COUNTY, INC.**

Principal Place of Business

Mailing Address

**2221 U.S. 27 SOUTH  
 SEBRING FL 33870**

**2221 U.S. 27 SOUTH  
 SEBRING FL 33870**

**LU000903**



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

**59-3468588**

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

**GOSSETT, GARY R JR  
 2221 U.S. 27 SOUTH  
 SEBRING FL 33870**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WALTERS, ALVIN SR.</b>	
STREET ADDRESS	<b>2221 U.S. 27 SOUTH</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DECERBO, JOE</b>	
STREET ADDRESS	<b>2221 U.S. 27 SOUTH</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>NOAKER, JOHN</b>	
STREET ADDRESS	<b>2221 U.S. 27 SOUTH</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>DOTY, KIP</b>	
STREET ADDRESS	<b>2221 U.S. 27 SOUTH</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARUSO, JOHN</b>	
STREET ADDRESS	<b>2221 U.S. 27 SOUTH</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GOSSETT, GARY R</b>	
STREET ADDRESS	<b>2221 U.S. 27 SOUTH</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*[Handwritten Signature]*

CR2E037 (10/00)