

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005179

1. Entity Name

PAUL R. WHARTON SR. HIGH SCHOOL ATHLETIC BOOSTER

FILED

00 OCT 25 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

20150 BRUCE B. DOWNS BLVD.
TAMPA FL 33647

20150 BRUCE B. DOWNS BLVD.
TAMPA FL 33647

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

REINSTATEMENT 2000

4. FEI Number

59-3467400

Applied For
Not Applicable

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

WYNNE, LYNDA M
17888 ARBOR GREENE DRIVE
TAMPA FL 33647

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

Lynda M Wynne
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10-22-00

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~~
NAME THORESEN, KIM ~~VAN TREES, MARK~~
STREET ADDRESS 8706 BAY LAUREL CT
CITY-ST-ZIP TAMPA FL 33647

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300003483523-8
-12/04/00--01001--024
****236.25 ****236.25

TITLE ~~VPD~~ PD
NAME VAN TREES, MARK
STREET ADDRESS 9507 LARKBUNTING DR
CITY-ST-ZIP TAMPA FL 33642

TITLE PD
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE VPD
NAME WYNNE, LYNDA
STREET ADDRESS 17888 ARBOR GREENE DRIVE
CITY-ST-ZIP TAMPA FL 33647

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE ~~Vogler, Christina~~
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME Vogler Christina
STREET ADDRESS 9129 Woodridge Run Dr
CITY-ST-ZIP Tampa FL 33647
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change 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:

Lynda M Wynne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-00

Date

944/322

Daytime Phone #

CR2E037 (5/00)