

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90173 039 ****61.25

DOCUMENT # **N97000005179**



1. Entity Name
PAUL R. WHARTON SR. HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.

Principal Place of Business
**20150 BRUCE B. DOWNS BLVD.
TAMPA FL 33647**

Mailing Address
**9411 AZALEA RIDGE
TAMPA FL 33647**

2. Principal Place of Business

3. Mailing Address
17802 Hickory Moss Pl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tampa, FL

4. FEI Number **59-3467400**

Applied For

Not Applicable

Zip

Country

Zip
33647

Country

Hillsborough

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

**KNEZEVICH, KATHY J
9411 AZALEA RIDGE
TAMPA FL 33647**

Name
Penney C. Freeman

Street Address (P.O. Box Number is Not Acceptable)
17802 Hickory Moss Pl

City **Tampa** FL Zip Code **33647**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Penney C Freeman*

5/17/03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | KNEZEVICH, KATHY J | |
| STREET ADDRESS | 9411 AZALEA RIDGE | |
| CITY-ST-ZIP | TAMPA FL 33647 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | FREEMAN, PENNEY | |
| STREET ADDRESS | 17802 HICKORY MOSS PL | |
| CITY-ST-ZIP | TAMPA FL 33647 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | BROWER, BETTY | |
| STREET ADDRESS | 17714 OAKBRIDGE ST | |
| CITY-ST-ZIP | TAMPA FL 33647 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | CALVIN, FAITH | |
| STREET ADDRESS | 15930 ELLSWORTH DRIVE | |
| CITY-ST-ZIP | TAMPA FL 33647 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | PAYNE, DIANE | |
| STREET ADDRESS | 8202 GINGER PINE WAY | |
| CITY-ST-ZIP | TAMPA FL 33647 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GOVIN, DEBBIE | |
| STREET ADDRESS | 18015 KINGS PARK WAY | |
| CITY-ST-ZIP | TAMPA FL 33647 | |

| | | |
|----------------|-----------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Penney C Freeman | |
| STREET ADDRESS | 17802 Hickory Moss Pl | |
| CITY-ST-ZIP | Tampa, FL 33647 | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Faith Calvin | |
| STREET ADDRESS | 15930 Ellsworth Dr. | |
| CITY-ST-ZIP | Tampa, FL 33647 | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Vicki Whiting | |
| STREET ADDRESS | 17417 Heather Oak Pl | |
| CITY-ST-ZIP | Tampa, FL 33647 | |
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Penny Knowles | |
| STREET ADDRESS | 9128 Fox Chapel Rd | |
| CITY-ST-ZIP | Tampa, FL 33647 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Kathy J. Knezovich | |
| STREET ADDRESS | 9411 Azalea Ridge | |
| CITY-ST-ZIP | Tampa, FL 33647 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARCE MICHELLOTTI | |
| STREET ADDRESS | 9205 Pine Island Ct | |
| CITY-ST-ZIP | Tampa FL 33647 | |

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: *Penney C Freeman*

5/17/03 813-973-7878

CR2E037 (10/02)