

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-15-2000 90273 024 ****61.25

DOCUMENT # N98000003431

1. Entity Name

RIVERDALE HIGH SCHOOL ALL SPORTS BOOSTERS CLUB.

R

Principal Place of Business

Mailing Address

2600 BUCKINGHAM ROAD
 FORT MYERS FL 33905

2600 BUCKINGHAM ROAD
 FORT MYERS FL 33905-2417

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt #, etc.

City & State

City & State

4. FEI Number

65-0856417

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

WARE, GEORGE
 2600 BUCKINGHAM ROAD
 FORT MYERS FL 33905

7. Name and Address of New Registered Agent

Name: *James Simmons*
 Street Address (P.O. Box Number is Not Acceptable): *2600 BUCKINGHAM ROAD*
 City: *FORT MYERS* FL Zip Code: *33905*

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

GEORGE WARE

(NOTE: Registered Agent signature required when reinstating)

4/25/00

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	D	<input checked="" type="checkbox"/> Delete
NAME	HOKE, BILL	
STREET ADDRESS	2600 BUCKINGHAM ROAD	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	WARE, GEORGE	
STREET ADDRESS	2600 BUCKINGHAM ROAD	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYNCH, KELLY	
STREET ADDRESS	2600 BUCKINGHAM ROAD	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	ERIKSON, ANDY	
STREET ADDRESS	2600 BUCKINGHAM ROAD	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BYRUS, DIANE	
STREET ADDRESS	2600 BUCKINGHAM ROAD	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FAE, PAT	
STREET ADDRESS	2600 BUCKINGHAM ROAD	
CITY-ST-ZIP	FORT MYERS FL 33905	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Boyd Gruhn	
STREET ADDRESS	2600 BUCKINGHAM RD	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Simmons	
STREET ADDRESS	2600 BUCKINGHAM RD	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fred Morando	
STREET ADDRESS	2600 BUCKINGHAM RD	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nita Smith	
STREET ADDRESS	2600 BUCKINGHAM RD	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norma Hansen	
STREET ADDRESS	2600 BUCKINGHAM RD	
CITY-ST-ZIP	FT MYERS FL 33905	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Liana St. Bernard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

DATE

941-694-4141

DAYTIME PHONE #



DO NOT WRITE IN THIS SPACE