

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

03-09-2001 90469 014 \*\*\*\*70.00

0088881

**DOCUMENT # N98000003431**

1. Entity Name

**RIVERDALE HIGH SCHOOL ALL SPORTS BOOSTERS CLUB,**

Principal Place of Business

2600 BUCKINGHAM ROAD  
 FORT MYERS FL 33905

Mailing Address

2600 BUCKINGHAM ROAD  
 FORT MYERS FL 33905

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

7. Name and Address of New Registered Agent

**WARE, GEORGE**  
**2600 BUCKINGHAM ROAD**  
**FORT MYERS FL 33905**

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  Delete  
 NAME **D HOKE, BILL**  
 STREET ADDRESS **2600 BUCKINGHAM ROAD**  
 CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE  Change  Addition  
 NAME **DP Jim Simmons**  
 STREET ADDRESS **2600 Buckingham Road**  
 CITY-ST-ZIP **Fort Myers, FL 33905**

TITLE  Delete  
 NAME **DP WARE, GEORGE**  
 STREET ADDRESS **2600 BUCKINGHAM ROAD**  
 CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE  Change  Addition  
 NAME **VP Fred Morando**  
 STREET ADDRESS **2600 Buckingham Road**  
 CITY-ST-ZIP **Fort Myers, FL 33905**

TITLE  Delete  
 NAME ~~**D LYNCH, KELLY**~~  
 STREET ADDRESS **2600 BUCKINGHAM ROAD**  
 CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE  Change  Addition  
 NAME **S Nita Smith**  
 STREET ADDRESS **2600 Buckingham Road**  
 CITY-ST-ZIP **Fort Myers, FL 33905**

TITLE  Delete  
 NAME **DVP ERICKSON, ANDY**  
 STREET ADDRESS **2600 BUCKINGHAM ROAD**  
 CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE  Change  Addition  
 NAME **D Diane Byrus**  
 STREET ADDRESS **2600 Buckingham Road**  
 CITY-ST-ZIP **Fort Myers, FL 33905**

TITLE  Delete  
 NAME **S BYRUS, DIANE**  
 STREET ADDRESS **2600 BUCKINGHAM ROAD**  
 CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE  Change  Addition  
 NAME **T Norma Hansen**  
 STREET ADDRESS **2600 Buckingham Road**  
 CITY-ST-ZIP **Fort Myers, FL 33905**

TITLE  Delete  
 NAME **T TATE, HAL**  
 STREET ADDRESS **2600 BUCKINGHAM ROAD**  
 CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE  Change  Addition  
 NAME \_\_\_\_\_  
 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: *[Signature]* **WELLY LYNCH** 3/5/01 (941) 694-4141  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)