
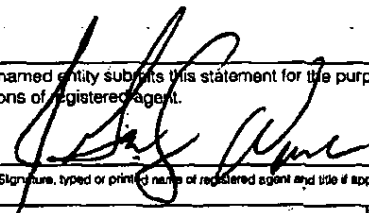
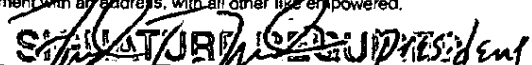


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 23, 2003 8:00 am**  
**Secretary of State**

5/7.

05-07-2003 90149 035 \*\*\*\*70.00

<b>DOCUMENT # N98000003431</b>					
<b>1. Entity Name</b> RIVERDALE HIGH SCHOOL ALL SPORTS BOOSTERS CLUB, INC.					
<b>Principal Place of Business</b> 2600 BUCKINGHAM ROAD FORT MYERS FL 33905			<b>Mailing Address</b> 2600 BUCKINGHAM ROAD FORT MYERS FL 33905		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0856417	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
				<b>5. Certificate of Status Desired:</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
WARE, GEORGE 2600 BUCKINGHAM ROAD FORT MYERS FL 33905			Name <u>DIANE BYRUS</u> Street Address (P.O. Box Number is Not Acceptable) <u>2600 Buckingham Rd</u> City <u>Ft Myers</u> FL Zip Code <u>33905</u>		
<b>8.</b> 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 		Signature, typed or printed name of registered agent and title if applicable.		DIANE L. BYRUS 4/27/03 DATE	
<b>FILE NOW: FEE IS \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SIMMONS, JIM 2600 BUCKINGHAM ROAD FORT MYERS FL 33905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORANDO, FRED 2600 BUCKINGHAM ROAD FORT MYERS FL 33905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS REVELS, DAWN 2600 BUCKINGHAM ROAD FORT MYERS FL 33905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRUS, DIANE 2600 BUCKINGHAM ROAD FORT MYERS FL 33905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HANSEN, NORMA 2600 BUCKINGHAM ROAD FORT MYERS FL 33905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TATE, HAL 2600 BUCKINGHAM ROAD FORT MYERS FL 33905	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12.</b> 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 and typed or printed name of signing officer or director		4/24/03 239-694-0309 Date Daytime Phone #	

**55049619**

CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)