

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90104 020 ****61.25

DOCUMENT # N98000005272

1. Entity Name
**GULF COAST HIGH SCHOOL ACADEMIC BOOSTERS CLUB, I
 NC.**

Principal Place of Business Mailing Address
**7878 IMMOKALEE RD 7878 IMMOKALEE RD
 NAPLES FL 34119 NAPLES FL 34119**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0867993 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

**YULES, MECANIE DR.
 7878 IMMOKALEE RD
 NAPLES FL 34119**

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 (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 **PD** Delete
 NAME **BOETTGER, PAM**
 STREET ADDRESS **481 12TH AVE NW**
 CITY-ST-ZIP **NAPLES FL 34120**

TITLE **President** Change Addition
 NAME **Debra Lugin**
 STREET ADDRESS **42 Mentor Drive**
 CITY-ST-ZIP **Naples, FL 34110**

TITLE **VD** Delete
 NAME **DERY, BONNIE**
 STREET ADDRESS **3201 1ST AVE N.W.**
 CITY-ST-ZIP **NAPLES FL 34119**

TITLE **Vice Pres/ Sec** Change Addition
 NAME **Cheryl Hotbal**
 STREET ADDRESS **11213 Longshore Way W**
 CITY-ST-ZIP **Naples, FL 34119**

TITLE **TD** Delete
 NAME **CAVUTO, RITA**
 STREET ADDRESS **4888 POND APPLE DR N**
 CITY-ST-ZIP **NAPLES FL 34119**

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

TITLE **SD** Delete
 NAME **LARRISON, CINDY**
 STREET ADDRESS **6061 14TH AVE NW**
 CITY-ST-ZIP **NAPLES FL 34119**

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

TITLE Delete
 NAME Delete
 STREET ADDRESS Delete
 CITY-ST-ZIP Delete

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

TITLE Delete
 NAME Delete
 STREET ADDRESS Delete
 CITY-ST-ZIP Delete

TITLE Change Addition
 NAME Change Addition
 STREET ADDRESS Change Addition
 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: **Rita Cavuto, Treasurer (Rita Cavuto)** 4/10/02 (941) 593-2600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)