

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005198

1. Entity Name

SEMINOLE HIGHSCHOOL BASKETBALL BOOSTERS, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90010 046 ****61.25

Principal Place of Business

Mailing Address

12323 91ST TERRACE NORTH
SEMINOLE FL 34642

12343 91ST TERRACE NORTH
SEMINOLE FL 33772-3217
US

2. Principal Place of Business

3. Mailing Address

12323 91 Ter No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SEMINOLE FLA

4. FEI Number

59-3341458

Applied For

Not Applicable

Zip

Country

Zip

Country

33772

Pinellas

5. Certificate of Status Desired

Fee Required

\$8.75 Additional

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, JACK
12323 91ST TERRACE NORTH
SEMINOLE FL 34642

Name

SAME

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 D ☒ Delete
NAME KILLALEA, BILL
STREET ADDRESS 12343 91ST TERRACE NORTH
CITY-ST-ZIP SEMINOLE FL 33772

TITLE ☐ Change ☒ Addition
NAME TERRY WALKER
STREET ADDRESS 9413 LAURANNE DR
CITY-ST-ZIP SEMINOLE FLA 33776

TITLE D ☒ Delete
NAME SHAW, WES
STREET ADDRESS 12323 91ST TERRACE NORTH
CITY-ST-ZIP SEMINOLE FL 34642

TITLE ☐ Change ☒ Addition
NAME JACK TAYLOR
STREET ADDRESS 12323 91 Ter No
CITY-ST-ZIP SEMINOLE FLA 33772

TITLE D ☐ Delete
NAME GIBBS, MARCIA
STREET ADDRESS 12323 91ST TERRACE NORTH
CITY-ST-ZIP SEMINOLE FL 34642

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK TAYLOR

4-28-00

727 3986619

Date

Daytime Phone #

CR2E037 (9/99)