2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 29, 2000 8:00 am Secretary of State DOCUMENT # N9500003038 1. Entity Name ASHTON PARENTS BOOSTERS, INC. 06-29-2000 90398 042 ****61.25 Principal Place of Business Mailing Address 5110 ASHTON ROAD 5110 ASHTON ROAD SARASOTA FL 34232 SARASOTA FL 34233-3415 იიიიინეჭ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0592120 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) DUNCAN, LLOYD K 2193 RINGLING BLVD SARASOTA FL 34237 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. RESIDENT Change ☐ Addition TITLE TITLE Delete NAME NAME RICHAROS DONNA renda, karen 4373 MEADOW/AND CIR STREET ADDRESS STREET ADDRESS 4649 MEADOWVIEW CIR CITY-ST-ZIP CITY-ST-Z/P FL 34233 Sarasota FL 34233 SARASO TA Change ☐ Addition TITLE TITLE VD BETTY NAME Stoltzfoos NAME MCFARLANE, SUZIE STREET ADDRESS Countrywood DR STREET ADDRESS 4721 DUHN DR. CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34233 TITLE Change ☐ Addition TITLE \$0 ಲ ಷಣ ಇ ಇನಾರ್ Deletê BEYCHOK-BOYER NAME CONNELL, PAT NAME QUAIL RUN CN STREET ADDRESS STREET ADDRESS 4925 WINTERHAVEN RD. CITY-ST-ZIP CITY-ST-ZIP 34232 SARASOTA FL 34232 SALASOTA TITLE TD TITLE ☐ Addition CAPORICE, JANET PADGETT, GLENDA L NAME NAME GREENTREE STREET ADDRESS STREET ADDRESS RT 2 BOX 708 SIDELL RD CITY-ST-ZIP CITY-ST-ZIP 33 ARÇADIA FL 34266 TITLE Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.