

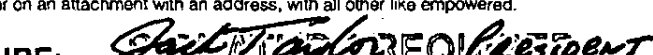


FILED
Mar 01, 2001 8:00 am
Secretary of State

02-06-2001 90295 007 *****61.25

<div>DOCUMENT # N95000005198</div> <div>1. Entity Name</div> <div>SEMINOLE HIGHSCHOOL BASKETBALL BOOSTERS, INC.</div>				<div>Mar 01, 2001 8:00 a</div> <div>Secretary of State</div> <div>02-06-2001 90295 007 ****61.25</div>																																																																																																																									
<div>Principal Place of Business</div> <div>12323 91ST TERRACE NORTH</div> <div>SEMINOLE FL 34642</div>				<div>Mailing Address</div> <div>12343 91ST TERRACE NORTH</div> <div>SEMINOLE FL 33772</div> <div>US</div>																																																																																																																									
<div>2. Principal Place of Business</div> <div>Suite, Apt. #, etc.</div> <div>City & State</div> <div>Zip</div>		<div>3. Mailing Address</div> <div>Suite, Apt. #, etc.</div> <div>City & State</div> <div>Zip</div>		<div>4. FEI Number</div> <div>59-3341458</div> <div>Applied For</div> <div>Not Applicable</div>																																																																																																																									
<div>5. Certificate of Status Desired</div> <div><input type="checkbox"/> \$8.75 Additional Fee Required</div>		<div>DO NOT WRITE IN THIS SPACE</div> <div></div>																																																																																																																											
<div>6. Name and Address of Current Registered Agent</div> <div>TAYLOR, JACK</div> <div>12323 91ST TERRACE NORTH</div> <div>SEMINOLE FL 34642</div>				<div>7. Name and Address of New Registered Agent</div> <div>Name</div> <div>Street Address (P.O. Box Number is Not Acceptable)</div> <div>City</div> <div>FL</div> <div>Zip Code</div>																																																																																																																									
<div>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.</div> <div>SIGNATURE  DATE 1-30-01</div> <div><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small></div>																																																																																																																													
<div>FILE NOW:</div> <div>FEE IS \$61.25</div>		<div>9. Election Campaign Financing</div> <div>Trust Fund Contribution. <input type="checkbox"/></div> <div>\$5.00 May Be Added to Fees</div>		<div>Make Check Payable to</div> <div>Department of State</div>																																																																																																																									
<div>10. OFFICERS AND DIRECTORS</div> <table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>WALKER, TERRY</td><td></td></tr><tr><td>STREET ADDRESS</td><td>9413 LAURAANNE DR</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>SEMINOLE FL 33776</td><td></td></tr><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>TAYLOR, JACK</td><td></td></tr><tr><td>STREET ADDRESS</td><td>12323 91ST TERRACE NORTH -</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>SEMINOLE FL 33772</td><td></td></tr><tr><td>TITLE</td><td>D</td><td><input checked="" type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>GIBBS, MARCIA</td><td></td></tr><tr><td>STREET ADDRESS</td><td>12323 91ST TERRACE NORTH</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>SEMINOLE FL 34642</td><td></td></tr><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>DIRK MAZZEI</td><td></td></tr><tr><td>STREET ADDRESS</td><td>13745 DOMINICA DR</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>SEMINOLE FL 33776</td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>			TITLE	D	<input type="checkbox"/> Delete	NAME	WALKER, TERRY		STREET ADDRESS	9413 LAURAANNE DR		CITY-ST-ZIP	SEMINOLE FL 33776		TITLE	D	<input type="checkbox"/> Delete	NAME	TAYLOR, JACK		STREET ADDRESS	12323 91ST TERRACE NORTH -		CITY-ST-ZIP	SEMINOLE FL 33772		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	GIBBS, MARCIA		STREET ADDRESS	12323 91ST TERRACE NORTH		CITY-ST-ZIP	SEMINOLE FL 34642		TITLE	D	<input type="checkbox"/> Delete	NAME	DIRK MAZZEI		STREET ADDRESS	13745 DOMINICA DR		CITY-ST-ZIP	SEMINOLE FL 33776		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<div>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</div> <table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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<div>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.</div> <div>SIGNATURE:  1-30-01 727 3986619</div> <div><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div>																																																																																																																													