

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000166

1. Entity Name

Lady Cougars Boosters, INC

Principal Place of Business

Mailing Address

3000 STATE RD 580
CLEARWATER, FL. 33761

2. Principal Place of Business

3000 STATE RD 580

Suite, Apt. #, etc.

3. Mailing Address

3000 STATE RD 580

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

593403918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WELDON, RICHARD
101 MAIN ST, STE A
SAFETY HARBOR, FL 34695

7. Name and Address of New Registered Agent

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WIRTH, PHILIP H. 2179 CHANTILLY LN DUNEDIN, FL 34698	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOY, BARBARA H. 2871 GLORIA CT CLEARWATER, FL 33761	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ATHERHOLT, MARK A JR 1414 FOREST RD CLEARWATER, FL 33755	☐ Delete (REMAIN)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAUGHELL, JANET S 3016 JASON CT CLEARWATER, FL 33761	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAUGHELL, DAVID L 3016 JASON CT CLEARWATER, FL 33761	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAHALAN, KATHERINE 3111 JONES PKWY CLEARWATER, FL 33759	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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: David L. Caughell DAVID L. CAUGHELL 6-7-01 727-464-8471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

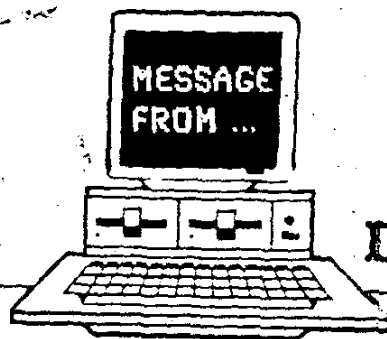
Date

Daytime Phone #

David L Caughell

10-12-01

CR2E037 (11/00)



10-12-01

David Caughell

(727-464-8471)

I am resubmitting this Form as specified by Leslie during a phone call. Please update our records as we are an active non-profit corp. Also, correct the mailing so we get the Forms. Also, why have we never received our Sales Tax exempt ID Number. The ck for \$150 was cashed. Please inform us.

Thanks

Dave

Email - mCaughell6@aol.com