

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93589 019 ****70.00

DOCUMENT # N22533

1. Entity Name

BLOOMINGDALE SENIOR HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.

Principal Place of Business

**BLOOMINGDALE HIGH SCHOOL
 1700 BLOOMINGDALE AVE. E.
 VALRICO FL 33594-6220
 US**

Mailing Address

**BLOOMINGDALE HIGH SCHOOL
 1700 BLOOMINGDALE AVE. E.
 VALRICO FL 33594-6220
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2836461

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**DAVIS, BARRY
 1700 E. BLOMINGDALE AVE.
 VALRICO FL 33594**

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

5/7/02

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	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, LISA	
STREET ADDRESS	1700 BLOOMINGDALE AVE E	→
CITY-ST-ZIP	VALRICO FL 33594-6220	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, MITCH	
STREET ADDRESS	1700 BLOOMINGDALE AVE E	→
CITY-ST-ZIP	VALRICO FL 33594-6220	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COMBINS, MYRNA	
STREET ADDRESS	1700 BLOOMINGDALE AVE E	→
CITY-ST-ZIP	VALRICO FL 33594-6220	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOLLOWAY, PATTY	
STREET ADDRESS	1700 BLOOMINGDALE AVE E	
CITY-ST-ZIP	VALRICO FL 33594-6220	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, BARRY	
STREET ADDRESS	1700 BLOOMINGDALE AVE E	
CITY-ST-ZIP	VALRICO FL 33594-6220	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS BENNETT	
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA HEATH	
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIRGINIA CARTER	
STREET ADDRESS	SAME	
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		

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:

Barry Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-21-02

Date

Daytime Phone #

CR2E037 (9/01)