

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90167 040 \*\*\*\*61.25

**DOCUMENT # N95000003038**

1. Entity Name

**ASHTON PARENTS BOOSTERS, INC.**

Principal Place of Business

Mailing Address

5110 ASHTON ROAD  
 SARASOTA FL 34232

5110 ASHTON ROAD  
 SARASOTA FL 34232

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0592120**

Applied For

Not Applicable

Zip

**34233**

Country

Zip

**34233**

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

**DUNCAN, LLOYD K**  
**2193 RINGLING BLVD**  
**SARASOTA FL 34237**

Name

**Les Gardi, CPA, PA**

Street Address (P.O. Box Number is Not Acceptable)

**7061 S. Tamiami Trail**

City

**Sarasota**

**FL**

Zip Code

**34231-5559**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Les Gardi, CPA*

**8/21/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

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** ☒ Delete  
 NAME **GOODWIN, LAURIE**  
 STREET ADDRESS **5110 ASHTON ROAD**  
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **PD** ☒ Change ☒ Addition  
 NAME **KAUFMAN, KEN**  
 STREET ADDRESS **5110 ASHTON RD.**  
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **VD** ☒ Delete  
 NAME **VELDKAMP, DEBBIE**  
 STREET ADDRESS **5110 ASHTON ROAD**  
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **VD** ☐ Change ☒ Addition  
 NAME **D'NEIL, KATHLEEN**  
 STREET ADDRESS **5110 ASHTON RD**  
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **SD** ☒ Delete  
 NAME **MAXEY, BECKY**  
 STREET ADDRESS **5110 ASHTON ROAD**  
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **SD** ☐ Change ☒ Addition  
 NAME **GENN, SUSAN**  
 STREET ADDRESS **5110 ASHTON RD**  
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **TD** ☒ Delete  
 NAME **TERESA, SANDRA**  
 STREET ADDRESS **5110 ASTON ROAD**  
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **TD** ☐ Change ☒ Addition  
 NAME **WENKE, AMY**  
 STREET ADDRESS **5110 ASHTON RD**  
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Amy Wenke* **RECA** **Wenke**

**8/19/02 (941)371-1615**

CR2E037 (4/02)