

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90081 023 ****61.25

DOCUMENT # N95000005198

1. Entity Name
SEMINOLE HIGHSCHOOL BASKETBALL BOOSTERS, INC.



Principal Place of Business

**12323 91ST TERRACE NORTH
SEMINOLE FL 34642**

Mailing Address

**12343 91ST TERRACE NORTH
SEMINOLE FL 33772
US**

2. Principal Place of Business

14163 81 AVE. NO.
Suite, Apt. #, etc.

3. Mailing Address

14163 81 AVE NO
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Seminole FLA.

Zip
33776

Country
Pinellas

City & State
Seminole Fla

Zip
33776

Country
Pinellas

4. FEI Number **59-3341458**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR, JACK
12323 91ST TERRACE NORTH
SEMINOLE FL 34642**

7. Name and Address of New Registered Agent

Name **DONALD CROUCH**

Street Address (P.O. Box Number is Not Acceptable)
14163 81 AVE NO

City **Seminole** **FL** Zip Code **33776**

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

(NOTE: Registered Agent signature required when reinstating)

1-12-03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **T** ☒ Delete
NAME **WALKER, TERRY**
STREET ADDRESS **9413 LAURAANNE DR**
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **D** ☐ Delete
NAME **TAYLOR, JACK**
STREET ADDRESS **12323 91ST TERRACE NORTH**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **T** ☐ Delete
NAME **COMI, JAMIE**
STREET ADDRESS **13088 93 AVE NO**
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **T** ☐ Delete **New DIRECTOR**
NAME **CROUCH, DONALD**
STREET ADDRESS **14163 81ST AVE NO**
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Change to trustee**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **change to director**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **TOM NEARY**
STREET ADDRESS **12701 91 AVE. NO.**
CITY-ST-ZIP **Seminole FLA. 33776**

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: *Jack Taylor* **REQUIRES JACK TAYLOR** **1-12-03 727 3986619**

CR2E037 (10/02)