

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

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90134 040 \*\*\*\*61.25

**DOCUMENT # N96000002413**

1. Entity Name

**SEMINOLE HIGH SCHOOL ATHLETIC BOOSTERS CLUB, INC**



Principal Place of Business

**2701 RIDGEWOOD AVE.  
SANFORD FL 32773**

Mailing Address

**2701 RIDGEWOOD AVE.  
SANFORD FL 32773**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3394585**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MCCOOL, DENNIS  
5308 VISTA CLUB RUN  
SANFORD FL 32771**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>MCCOOL, DENNIS</b>	
STREET ADDRESS	<b>5308 VISTA CLUB RUN</b>	
CITY-ST-ZIP	<b>SANFORD FL 32771</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>SCHOMER, CHARLES</b>	
STREET ADDRESS	<b>108 FOXBRIDGE RUN</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	<b>ARMSTRONG, LYNN</b>	
STREET ADDRESS	<b>1624 TIVERTON STREET</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	<b>CARR, SHIRLEY</b>	
STREET ADDRESS	<b>149 DUBLIN DRIVE</b>	
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sally Moore</b>	
STREET ADDRESS	<b>3370 Ohio Ave</b>	
CITY-ST-ZIP	<b>Sanford FL 32773</b>	
TITLE	<b>Vice President 1st</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROY WRAO</b>	
STREET ADDRESS	<b>990 MIKLER DR</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRS FL 32701</b>	
TITLE	<b>VICE PRESIDENT 2ND</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DON C ROBERTSON</b>	
STREET ADDRESS	<b>5965 FANTHER LAKE</b>	
CITY-ST-ZIP	<b>SANFORD FL 32771</b>	
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:

**SIGNATURE REQUIRED**

**CHARLES SCHOMER**

**1/13/03**

**407 3205026**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)