

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

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90081 012 ****61.25

DOCUMENT # N99000000166

1. Entity Name

LADY COUGARS BOOSTERS, INC.



Principal Place of Business

**3000 STATE RD. 580
CLEARWATER FL 33761**

Mailing Address

**3000 STATE RD. 580
CLEARWATER FL 33761**

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 **59-3403918**

Applied For

Not Applicable

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **CAHALAN, KATHERINE**
STREET ADDRESS **3111 JONES PJWY**
CITY-ST-ZIP **CLEARWATER FL 33759**

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

TITLE **T** ☐ Delete
NAME **ATHERHORT, MARK A JR**
STREET ADDRESS **1414 FOREST RD**
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **D** ☒ Change ☐ Addition
NAME **ATHERHORT MARK A JR**
STREET ADDRESS **1414 FOREST RD**
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **D** ☒ Delete
NAME **LAW, JANICE**
STREET ADDRESS **5018 PARRISH LN**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

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

TITLE **D** ☐ Delete
NAME **LAW, ROB**
STREET ADDRESS **5018 PARRISH LN**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **T** ☒ Change ☐ Addition
NAME **LAW, ROBERT**
STREET ADDRESS **5018 PARRISH LN**
CITY-ST-ZIP **SAFETY HARBOR, FL 34695**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition
NAME **WELCH, ELLEN**
STREET ADDRESS **622 Fayette Drive S.**
CITY-ST-ZIP **Safety Harbor FL 34695**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

ROBERT LAW

6-15-03

727-910-0227

CR2E037 (10/02)