2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 701342** Jan 24, 2000 8:00 am Secretary of State 1. Entity Name, * PLANT CITY SENIOR HIGH SCHOOL BOOSTERS, INC 01-24-2000 90027 028 ****61.25 Principal Place of Business Mailing Address ONE RAIDER PLACE ONE RAIDER PLACE PLANT CITY FL 33566-7199 PLANT CITY FL 33566-7117 3. Mailing Address 2. Principal Place of Business 2471 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE PCity & State Applied For 4. FEI Number City & State 65-0275647 Not Applicable Country \$8.75 Additional Zìp Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) RABURN, BUDDY ONE RAIDER PLACE PLANT CITY FL 33566 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Change E037 (9/9) TITLÉ 🔭 |**PD**、同葉が全国に占っていまっした ☐ Delete TITLE CAUSEY, BOB NAME STREET ADDRESS STREET ADDRESS 813 N. WHEELER ST CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33566 ☐ Delete ☐ Change ☐ Addition TITLE TITLE BAILEY, LISA NAME NAME STREET ADDRESS 1801 JOE MCINTOSH RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33565 ☐ Change ☐ Addition TITLE ☐ Delete TITLE HALL, FLOYD NAME NAME STREET ADDRESS STREET ADDRESS 2918 CLUBHOUSE DR CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL l'icosure r Change ☐ Addition TD Delete TITLE Rebecca Vennina HALL, FLOYD NAME STREET ADDRESS STREET ADDRESS 2418 CLUBHOUSE DR CITY-ST-7IP CITY-ST-ZIP PLANT CITY FL 33567 ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR TICOSY (SC Date Dayling Phone & ex + 2)

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