

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90027 028 \*\*\*\*61.25

**DOCUMENT # 701342**

1. Entity Name  
**PLANT CITY SENIOR HIGH SCHOOL BOOSTERS, INC**

Principal Place of Business <b>ONE RAIDER PLACE PLANT CITY FL 33566-7117</b>	Mailing Address <b>ONE RAIDER PLACE PLANT CITY FL 33566-7199 US</b>
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2. Principal Place of Business	3. Mailing Address <b>P.O. Box 2471</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Plant City FL</b>		4. FEI Number <b>65-0275647</b>		Applied For <input type="checkbox"/>
Zip <b>33564</b>	Country	Zip <b>33564</b>	Country	Not Applicable <input type="checkbox"/>



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**RABURN, BUDDY  
 ONE RAIDER PLACE  
 PLANT CITY FL 33566**

**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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
 FEE IS \$61.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CAUSEY, BOB 813 N. WHEELER ST. PLANT CITY FL 33566</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BAILEY, LISA 1801 JOE MCINTOSH RD PLANT CITY FL 33565</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HALL, FLOYD 2918 CLUBHOUSE DR PLANT CITY FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD HALL, FLOYD 2418 CLUBHOUSE DR PLANT CITY FL 33567</b>	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Rebecca Venning 2103 N Johnson St Plant City FL 33566</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Rebecca Venning **1-18-2000** **813 752 6183**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Treasurer ext 332**

CR2 E037 (1/00)