2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2001 8:00 am[§] Secretary of State **DOCUMENT # 701342** 1. Entity Name PLANT CITY SENIOR HIGH SCHOOL BOOSTERS, INC. 05-02-2001 90080 009 ****61.25 Principal Place of Business Mailing Address ONE RAIDER PLACE P O BOX 2471 PLANT CITY FL 33564 PLANT CITY FL 33566-7117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-0275647 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **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 11. 10. Stokes, Mark Addition 🗶 Delete TITLE Change TITLE 5002 N. Five Acre Rd. Plant City. Fl. 33565 NAME CAUSEY, BOB NAME STREET ADDRESS STREET ADDRESS 813 N. WHEELER ST CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33566 D Delete TITLE Change Addition TITLE grawn, Pern, BAILEY, LISA NAME NAME 4916 Meadow Green Lane STREET ADDRESS 1801 JOE MCINTOSH RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33565 Change Addition TITI F D TITLE Delete Driggers, Doug Rd. 5910 Bob Head Rd. Plant City, Fl. NAME HALL, FLOYD NAME STREET ADDRESS STREET ADDRESS 2918 CLUBHOUSE DR 33565 CITY-ST-7IP CITY-ST-ZIP PLANT CITY FL Change Addition Delete TITLE TITLE ARNOCK NAME NAME VENNING, REBECCA STREET ADDRESS STREET ADDRESS 2103 N JOHNSON ST 33565 CITY-ST-7IP CITY-ST-7IP PLANT CITY FL 33566 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP