

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91780 049 \*\*\*\*61.25

**DOCUMENT # 701342**

1. Entity Name

**PLANT CITY SENIOR HIGH SCHOOL BOOSTERS, INC**

Principal Place of Business

**ONE RAIDER PLACE  
 PLANT CITY FL 33566-7117**

Mailing Address

**P O BOX 2471  
 PLANT CITY FL 33564  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0275647**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

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

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

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **STOKES, MARK**  
 STREET ADDRESS **5002 N. FIVE ACRE RD**  
 CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD**  Delete  
 NAME **STRAWN, PERRY**  
 STREET ADDRESS **4916 MEADOW GREEN LN**  
 CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE **President/Director**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **HALL, FLOYD**  
 STREET ADDRESS **2918 CLUBHOUSE DR**  
 CITY-ST-ZIP **PLANT CITY FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **WARNOCK, PAM**  
 STREET ADDRESS **4615 N. CORK RD**  
 CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **DRIGGERS, DOUG**  
 STREET ADDRESS **5910 BOB HEAD RD**  
 CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE **Director**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Secretary/Director**  Delete  
 NAME **Daphne Blanton**  
 STREET ADDRESS **1 Raider Place**  
 CITY-ST-ZIP **Plant City, FL. 33566**

TITLE  Change  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: **Pam Warnock** Pam Warnock

**4/25/02 (813) 707-6506**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E037 (9/01)