

2002 UNIFORM BUSINESS REPORT (UBR)

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

Zip

Country

Zip

Country

4. FEI Number

65-0275647

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

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

TITLE ☐ Delete
NAME Secretary/Director
STREET ADDRESS Daphne Blanton
CITY-ST-ZIP 1 Raider Place
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE

CFR2E037 (9/01)