

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719833

1. Entity Name

CREW BOOSTERS OF WINTER PARK, INC.

FILED

Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90114 043 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 1003
WINTER PARK FL 32789
US

P.O. BOX 1003
WINTER PARK FL 32790-1003
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PECKHAM, HEIDI J
3984 LK MIRA DR
ORLANDO FL 32817

Name A. SCOTT McEACHRON
Street Address (P.O. Box Number is Not Acceptable)
2973 WEST S.R. 434, SUITE 100
City HONOLULU FL Zip Code 32779

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	VD	<input type="checkbox"/> Delete
NAME	CHAMBERS, MICHAEL	
STREET ADDRESS	687 BLAIRSHIRE CIR	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PAYOR, ADRIENNE	
STREET ADDRESS	366 ALBERTA DR	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LOSEY, MOLLY	
STREET ADDRESS	1661 WOODLAND AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MILDNER, SUSAN	
STREET ADDRESS	800 JUANITA RAE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PECKHAM, HEIDI	
STREET ADDRESS	3984 LAKE MIRA DR	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	WEINSTEIN, PAT	
STREET ADDRESS	500 MANOR RD	
CITY-ST-ZIP	MATLAND FL	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS, MICHAEL	
STREET ADDRESS	687 BLAIRSHIRE CIR	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	A. SCOTT McEACHRON	
STREET ADDRESS	2973 W. S.R. 434, SUITE 100	
CITY-ST-ZIP	HONOLULU, FL 32779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

A. SCOTT McEACHRON, TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/05/00 407 786-1414

CR2E037 (9/99)