

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90308 008 ****61.25

DOCUMENT # 719833

1. Entity Name
CREW BOOSTERS OF WINTER PARK, INC.

Principal Place of Business P.O. BOX 1003 WINTER PARK FL 32789 US	Mailing Address P.O. BOX 1003 WINTER PARK FL 32789 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number 23-7090778	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent A. SCOTT MCEACHRON 2973 W. S. R. 434, SUITE 100 LONGWOOD FL 32779	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 D NAME CHAMBERS, MICHAEL STREET ADDRESS 887 BLAIRSHIRE CIR CITY-ST-ZIP WINTER PARK FL 32792	<input checked="" type="checkbox"/> Delete	TITLE Secretary - Director NAME Kim Kunihoro STREET ADDRESS 106 Kyle Drive CITY-ST-ZIP Maitland, FL 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME PAYOR, ADRIENNE STREET ADDRESS 300 ALBERTA DR CITY-ST-ZIP WINTER PARK FL 32789	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME Tami TRAVISS LOSEY, MOLLY STREET ADDRESS 1991 Mohican Trail 1681 WOODLAND AVE Maitland, FL CITY-ST-ZIP WINTER PARK FL 32789 32751	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CSO NAME OLSEN, MARTINE-MARTINE STREET ADDRESS 9203 CONNESH CT CITY-ST-ZIP ORLANDO FL 32817	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME MCEACHRON, SCOTT STREET ADDRESS 2973 W S. R. 434, SUITE 100 CITY-ST-ZIP LONGWOOD FL 32779	<input checked="" type="checkbox"/> Delete	TITLE Anthony Gray DT NAME 460 Virginia Drive STREET ADDRESS Winter Park FL 32789 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE Michael Traviss PD NAME 1991 Mohican Trail STREET ADDRESS Maitland, FL 32751 CITY-ST-ZIP	<input type="checkbox"/> Delete	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 employees.

SIGNATURE: Anthony R Gray ANTHONY R Gray 4/11/02 407-647-7446
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)