

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

Mailing Address

P.O. BOX 1003
 WINTER PARK FL 32789
 US

P.O. BOX 1003
 WINTER PARK FL 32789
 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

23-7090778

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

A. SCOTT MCEACHRON
2973 W. S. R. 434, SUITE 100
LONGWOOD FL 32779

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 ☒ Delete
 NAME **D CHAMBERS, MICHAEL**
 STREET ADDRESS **887 BLAIRSHIRE CIR**
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Change ☒ Addition
 NAME **Secretary - Director**
 STREET ADDRESS **Kim Kunihiro**
 CITY-ST-ZIP **106 Kyle Drive**
Maitland, FL 32751

TITLE ☒ Delete
 NAME **SD PAYOR, ADRIENNE**
 STREET ADDRESS **300 ALBERTA DR**
 CITY-ST-ZIP **WINTER PARK FL 32789**

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

TITLE ☒ Delete
 NAME **PD Tami TRAVIS**
 STREET ADDRESS **LOSEY, MOLLY 1991 Mohican Trail**
 CITY-ST-ZIP **1001 WOODLAND AVE Maitland, FL**
32751

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

TITLE ☐ Delete
 NAME **CSO OLSEN, MARTINE-MARTINE**
 STREET ADDRESS **9203 CONNESH CT**
 CITY-ST-ZIP **ORLANDO FL 32817**

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

TITLE ☒ Delete
 NAME **TD MCEACHRON, SCOTT**
 STREET ADDRESS **2973 W S. R. 434, SUITE 100**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Change ☒ Addition
 NAME **Anthony Gray DT**
 STREET ADDRESS **460 Virginia Drive**
 CITY-ST-ZIP **Winter Park FL 32789**

TITLE ☐ Delete
 NAME **Michael Travis PD**
 STREET ADDRESS **1991 Mohican Trail**
 CITY-ST-ZIP **Maitland, FL 32751**

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 #

ANTHONY R Gray 4/11/02

407-647-7446

CR2E037 (9/01)