

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90011 008 ****61.25

DOCUMENT # 721066

1. Entity Name

THE OVIEDO HIGH SCHOOL ATHLETIC BOOSTER CLUB, IN

Principal Place of Business

Mailing Address

601 KING ST.
P.O.B. OX 693
OVIEDO FL 32765-5106

601 KING ST.
P.O.B. OX 693
OVIEDO FL 32765-5106

913178



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7182929

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

JANSON, JOE
673 YORKSHIRE DR
OVIEDO FL 32765

Name

- Same -

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	JANSON, JOE	
STREET ADDRESS	673 YORKSHIRE DR	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	VD	☐ Delete
NAME	HOLMES, MARK	
STREET ADDRESS	821 LULLWATER DR	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	T	☐ Delete
NAME	MOTT, LORI	
STREET ADDRESS	225 S SR 46	
CITY-ST-ZIP	GENEVA FL	
TITLE	DS	☐ Delete
NAME	STUMOB, SHERRIE	
STREET ADDRESS	2255 E KANA DR	
CITY-ST-ZIP	OVIEDO FL	
TITLE	VD	☐ Delete
NAME	MEDEIROS, DAVIDA	
STREET ADDRESS	1009 VANNESSA DR	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	☐ Change ☐ Addition
NAME	JANSON, JOE	
STREET ADDRESS	673 Yorkshire Dr	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	VD	☒ Change ☐ Addition
NAME	KAROL CLINE	
STREET ADDRESS	3748 Savannah Loop	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	T	☒ Change ☐ Addition
NAME	MOTT, LORI	
STREET ADDRESS	225 W. State Road 46	
CITY-ST-ZIP	GENEVA, FL 32732	
TITLE	DS	☐ Change ☐ Addition
NAME	Stumbo, Sherrie	
STREET ADDRESS	2255 E Kana Dr.	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	VD	☒ Change ☐ Addition
NAME	Mathiey, Terri	
STREET ADDRESS	800 Avenue C	
CITY-ST-ZIP	Geneva FL 32732	
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

1/15/01 **407-365-4706**
Date Daytime Phone #

CR2E037 (10/00)