

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724496

(R)

1. Entity Name

CYPRESS LAKE SENIOR HIGH SCHOOL BOOSTERS CLUB, I

**FILED**  
**Jun 13, 2000 8:00 am**  
**Secretary of State**

06-13-2000 90008 027 \*\*\*\*70.00

Principal Place of Business

Mailing Address

PANTHER LANE  
FT. MYERS FL 33919

PANTHER LANE  
FT. MYERS FL 33919

2. Principal Place of Business

CYPRESS LAKE HIGH SCHOOL

3. Mailing Address

6750 PANTHER LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers

City & State

Fort Myers, FL

Zip

Country

Zip

33919

Country

LEE

4. FEI Number

59-6587267

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARROWS, SUSAN  
PANTHER LANE  
FT. MYERS FL 33919

7. Name and Address of New Registered Agent

Name

Donna Evans

Street Address (P.O. Box Number is Not Acceptable)

6750 PANTHER LANE

FT MYERS, FL

City

FL

Zip Code

33919

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

*Donna Evans*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/8/00

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BARROWS, SUSAN	
STREET ADDRESS	6421 BETHANY AVE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	EVANS, DONNA	
STREET ADDRESS	PO BOX 434	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DICK, RENEE	
STREET ADDRESS	1635 N MAYFIELD RD	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DICK, ROBERT	
STREET ADDRESS	1635 N MAYFIELD RD	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Donna Evans		
STREET ADDRESS	PO BOX 434		
CITY-ST-ZIP	ESTERO, FL 33928		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SHARON FRANCIS		
STREET ADDRESS	15432 Briar Ridge Circle		
CITY-ST-ZIP	FM, FL 33912		
TITLE	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LAURIE SAUNDERS		
STREET ADDRESS	7160 VASSAR DR		
CITY-ST-ZIP	FM, FL 33908		
TITLE	TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CYNDI CAPEL		
STREET ADDRESS	6300 South Pointe Blvd # 104		
CITY-ST-ZIP	FM, FL 33919		
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:

*Donna Evans*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/00

Date

(941) 936 1663

Daytime Phone #

CR2E037 (9/99)