

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730960

1. Entity Name

GULF HIGH ATHLETIC BOOSTERS CLUB, INC.

Principal Place of Business

5355 SCHOOL RD.
NEW PORT RICHEY FL 34656

Mailing Address

P.O. BOX 652
NEW PORT RICHEY FL 34656-0652

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WESTMORELAND, CATHY
5827 RIDDLE RD
HOLIDAY FL 34690

7. Name and Address of New Registered Agent

Name

Sylvia L. Wade

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

5017 Sherwood Drive

City

New Port Richey

FL

Zip Code

34652

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

Sylvia L. Wade

Treasurer

5/01/00

Signature, type 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WORLEY, JERRY	
STREET ADDRESS	5257 IDLEWILD ST	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WESTMORELAND, CATHY	
STREET ADDRESS	5827 RIDDLE RD	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MUTZ, MICHELE	
STREET ADDRESS	4838 ACKERMAN ST	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, JACK	
STREET ADDRESS	3422 CINCINNATI DRIVE	
CITY-ST-ZIP	HOLIDAY FL 34691	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Ann Mendonca	
STREET ADDRESS	5609 West Shore Dr	
CITY-ST-ZIP	New Port Richey, FL 34652	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sylvia L. Wade	
STREET ADDRESS	5017 Sherwood Dr	
CITY-ST-ZIP	New Port Richey, FL 34652	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		
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:

Sylvia L. Wade

Treasurer

5/1/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)