

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733853

1. Entity Name

HATTER BOOSTERS, INC. .

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90082 033 ****61.25

Principal Place of Business

Mailing Address

421 N WOODLAND BLVD.
UNIT 8359 STETSON UNIVERSITY
DELAND FL 32720-3760
US

421 N WOODLAND BLVD.
UNIT 8359 STETSON UNIVERSITY
DELAND FL 32720-3757
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

59-1696531

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

WAUGH, D
311 COLLEGE CT
DELAND FL 32720

Name DEREK WAUGH

Street Address (P.O. Box Number is Not Acceptable)
421 N. WOODLAND BLVD. UNIT 8359

City DELAND

FL

Zip Code
32720

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] DEREK WAUGH

4/10/00

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 D ☐ Delete
NAME SPORE, STEVE
STREET ADDRESS 854 W PLYMOUTH
CITY-ST-ZIP DELAND FL

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

TITLE D ☒ Delete
NAME GODWIN, AL
STREET ADDRESS SUN BANK 302 E NEW YORK AVE
CITY-ST-ZIP DELAND FL

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

TITLE PD ☐ Delete
NAME APGAR ROBERT F.
STREET ADDRESS 501 N. McDONALD AVE.
CITY-ST-ZIP DELAND FL

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

TITLE D ☐ Delete
NAME WAUGH, D
STREET ADDRESS 311 COLLEGE CT
CITY-ST-ZIP DELAND FL 32720

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

TITLE D ☐ Delete
NAME GIBBS, LESLIE
STREET ADDRESS 135 N WOODLAND BLVD
CITY-ST-ZIP DELAND FL

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

TITLE D ☐ Delete
NAME ARNOLD, HARRY
STREET ADDRESS 2555 COUNTRY SQUIRE LANE
CITY-ST-ZIP DELTONA FL

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00

904 822-9118

CR2E037 (9/99)