

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737143

1. Entity Name

ST. CLOUD BULLDOG BOOSTER CLUB, INC.

Principal Place of Business

2000 BULLDOG LN  
PO BOX 452  
ST CLOUD FL 34769-5268

Mailing Address

P.O. BOX 452  
ST. CLOUD FL 34770  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WHITE, ANGELA L  
437 WYOMING AVE  
ST. CLOUD FL 34769

7. Name and Address of New Registered Agent

Name ANGELA L. WHITE

Street Address (P.O. Box Number is Not Acceptable)  
1624 OHIO AVE

City St. Cloud FL Zip Code 34769

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

TITLE SD ☐ Delete  
NAME WILLIAMS, JOLENE  
STREET ADDRESS 4230 CANOE CREEK RD.  
CITY-ST-ZIP ST. CLOUD FL 34770

TITLE PD ☐ Delete  
NAME DIPPOLD, JOHN  
STREET ADDRESS 1720 CAROLYN COURT  
CITY-ST-ZIP ST. CLOUD FL 34769

TITLE T ☐ Delete  
NAME WHITE, ANGELA L  
STREET ADDRESS 437 WYOMING AVENUE  
CITY-ST-ZIP ST. CLOUD FL 34769

TITLE VD ☐ Delete  
NAME GAUDETTE, JEFF  
STREET ADDRESS 2366 SWEETWATER BLVD  
CITY-ST-ZIP ST. CLOUD FL 32744

TITLE VD ☒ Delete  
NAME HOWES, STEVE  
STREET ADDRESS 1725 JAN LAN BLVD  
CITY-ST-ZIP ST. CLOUD FL 34772

TITLE DT ☐ Delete  
NAME KNIGHT, KAREN  
STREET ADDRESS 1455 BEECHWOOD DR  
CITY-ST-ZIP ST CLOUD FL 34772

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE VD ☐ Change ☒ Addition  
NAME Schmidt, Don  
STREET ADDRESS 1401 Eastern Ave  
CITY-ST-ZIP St. Cloud, FL 34769

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 #

FILED  
Apr 25, 2000 8:00 am  
Secretary of State

04-25-2000 90041 036 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0386047 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E037 (9/99)