

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760609

1. Entity Name

GOLDSEEKER'S BOOSTER CLUB, INC.

**FILED**  
Feb 26, 2000 8:00 am  
Secretary of State

02-26-2000 90039 007 \*\*\*\*61.25

Principal Place of Business

13211 93RD STREET NORTH  
LARGO FL 33773-326  
US

Mailing Address

13211 93RD STREET NORTH  
LARGO FL 33773-1326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2138452

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

LAWSON, RANDY  
10100 WILSON AV  
SEMINOLE FL 33776

Name

RICHARDSON, DEE

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

1304 INDIAN ROCKS ROAD

City

BELLEAIR

FL

Zip Code

33756

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	<input type="checkbox"/> Delete
NAME	COLVILLE, PAMELA J	
STREET ADDRESS	6244 107TH AVE N	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAWSON, RANDY	
STREET ADDRESS	10100 WILSON AVE	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	TUCKER, MIKE	
STREET ADDRESS	11343 93RD ST N	
CITY-ST-ZIP	LARGO FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, MALOU	
STREET ADDRESS	10690 HARBORSIDE DR	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BRANNON, DEBBIE	
STREET ADDRESS	8191 93 ST N.	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NOBEL, DEBBIE	
STREET ADDRESS	2020 LEES COURT	
CITY-ST-ZIP	CLEARWATER FL 33764	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARDSON, DEE	
STREET ADDRESS	1304 INDIAN ROCKS ROAD	
CITY-ST-ZIP	BELLEAIR, FL 33756	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOYNOVICH, MARK	
STREET ADDRESS	2637 PEACHTREE CIRCLE EAST	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINS, PATRICIA	
STREET ADDRESS	11286 OAK RIDGE TRAIL DR.	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, TRACY	
STREET ADDRESS	5491 96TH TERRACE N.	
CITY-ST-ZIP	PINELLAS PARK, FL 33782	

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 #

CR2E037 (9/99)