

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**  
 03-14-2001 90475 015 \*\*\*\*70.00

**DOCUMENT # 760609**

1. Entity Name

**GOLDSEEKER'S BOOSTER CLUB, INC.**

Principal Place of Business

13211 93RD STREET NORTH  
 LARGO FL 33773-326  
 US

Mailing Address

13211 93RD STREET NORTH  
 LARGO FL 33773

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

**59-2138452**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**RICARDSON, DEE**  
**1304 INDIAN ROCKS RD**  
**BELLAIRE FL 33756**

7. Name and Address of New Registered Agent

Name

**PAMELA COLVILLE**

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

**6244 107TH AVE N.**

City

**PINELLAS PARK**

**FL**

Zip Code

**33782**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete  
 NAME **COLVILLE, PAMELA J**  
 STREET ADDRESS **6244 107TH AVE N**  
 CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE **P** ☒ Change ☐ Addition  
 NAME **COLVILLE, PAMELA J**  
 STREET ADDRESS **6244 107TH AVE N.**  
 CITY-ST-ZIP **PINELLAS PARK, FL 33782**

TITLE **PD** ☒ Delete  
 NAME **RICHARDSON, DEE**  
 STREET ADDRESS **1304 INDIAN ROCKS RD**  
 CITY-ST-ZIP **BELLAIRE FL 33756**

TITLE **VPD** ☐ Change ☒ Addition  
 NAME **VOYNOVICH, MARK**  
 STREET ADDRESS **2637 Peachtree Circle East**  
 CITY-ST-ZIP **CLEARWATER, FL 33761**

TITLE **VPD** ☒ Delete  
 NAME **TUCKER, MIKE**  
 STREET ADDRESS **2637 PEACHTREE CIR E.**  
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **SD** ☐ Change ☒ Addition  
 NAME **RANDY, KAREN**  
 STREET ADDRESS **1970 BROOKSTONE WAY**  
 CITY-ST-ZIP **CLEARWATER, FL 33760**

TITLE **TD** ☐ Delete  
 NAME **SMITH, MALOU**  
 STREET ADDRESS **10690 HARBORSIDE DR**  
 CITY-ST-ZIP **LARGO FL 33773**

TITLE **D** ☐ Change ☒ Addition  
 NAME **WRIGHT, DUKE**  
 STREET ADDRESS **3025 REGAL OAKS, BLVD**  
 CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE **VPD** ☐ Delete  
 NAME **COLLINS, PATRICIA**  
 STREET ADDRESS **11286 OAK RIDGE TRL DR**  
 CITY-ST-ZIP **SEMINOLE FL 33777**

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

TITLE **D** ☒ Delete  
 NAME **JONES, TRACY**  
 STREET ADDRESS **5491 -96TH TERR N**  
 CITY-ST-ZIP **PINELLAS PARK FL 33782**

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)