

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90231 001 \*\*\*\*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

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

**COLVILLE, PAMELA  
 6244 107TH AVE N  
 PINELLAS PARK FL 33782**

Name

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

City

**FL**

Zip Code

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

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

TITLE **VPD** ☐ Delete  
 NAME **VOYNOVICH, MARK**  
 STREET ADDRESS **2637 PEACHTREE CIRCLE EAST**  
 CITY-ST-ZIP **CLEARWATER FL 33761**

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

TITLE **SD** ☐ Delete  
 NAME **PANDY, KAREN**  
 STREET ADDRESS **1970 BROOKSTONE WAY**  
 CITY-ST-ZIP **CLEARWATER FL 33760**

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

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

TITLE ☐ Change ☒ Addition  
 NAME **Voynovich, Nancy**  
 STREET ADDRESS **2637 Peachtree Cir. E.**  
 CITY-ST-ZIP **Clearwater, FL 33761**

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

TITLE ☐ Change ☒ Addition  
 NAME **Spady, Harold**  
 STREET ADDRESS **8855 91st St. N.**  
 CITY-ST-ZIP **Seminole, FL 33776**

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

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 #

*Nancy Voynovich* Treasurer 4/20/02 (727) 791-6330

CR2E037 (9/01)