

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90122 045 \*\*\*\*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



☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name

**Trisha Von Stetina**

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

**10399 Silhavy Drive**

City

**Largo**

**FL**

Zip Code

**33774**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Trisha Von Stetina*

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**

**+ 8.75  
70.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>COLVILLE, PAMELA J</b> <b>6244 107TH AVE N</b> <b>PINELLAS PARK FL 33782</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Trisha Von Stetina</b> <b>10399 Silhavy Dr.</b> <b>Seminole, FL 33774</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>VOYNOVICH, MARK</b> <b>2637 PEACHTREE CIRCLE EAST</b> <b>CLEARWATER FL 33761</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>PANDY, KAREN</b> <b>1970 BROOKSTONE WAY</b> <b>CLEARWATER FL 33760</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Carol Melander</b> <b>9456 133rd St. N.</b> <b>Seminole, FL 33776</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>VOYNOVICH, NANCY</b> <b>2637 PEACHTREE CIRCLE EAST</b> <b>CLEARWATER FL 33761</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>SPADY, HAROLD</b> <b>8855 91ST STREET NORTH</b> <b>SEMINOLE FL 33776</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>Sherri Roberts</b> <b>1609 Arbor Dr.</b> <b>Clearwater, FL 33756</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WRIGHT, DUKE</b> <b>3025 REGAL OAKS BLVD</b> <b>PALM HARBOR FL 34684</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Susan Applefield</b> <b>9935 Oaks Lane</b> <b>Seminole, FL 33772</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

*Trisha Von Stetina*  
**Trisha Von Stetina (Treasurer)**

**1/26/03 (727) 462-7208**

CR2E037 (10/02)