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FILED

Apr 18, 2000 8:00 am
Secretary of State

01-18-2000 90075 008 ****61.25

DOCUMENT # 760800

1. Entity Name

LEON HIGH SCHOOL BASEBALL BOOSTERS CLUB

Principal Place of Business

Mailing Address

8054 JORDAN COURT
TALLAHASSEE FL 32308P.O. BOX 38571
TALLAHASSEE FL 32315-8571

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1724 EVENING BREEZE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee, Florida

4. FEI Number

59-2858124

Applied For
Not Applicable

Zip

Country

Zip

Country

32312

LEON

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

PROVOST, FRANCES D
8054 JORDAN COURT
TALLAHASSEE FL 32308

Name

JANET D. COSPER

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

1724 EVENING BREEZE LANE

City

Tallahassee

FL

Zip Code

32312

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 reinstalling)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 10)

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
DP	JOHNSON, DANNY	1302 LIVE OAK PLANTATION	TALLAHASSEE FL 32312	☐
VP	HUNT, TIM	806 IVANHOE	TALLAHASSEE FL 32312	☐
VPD	READ, ROBERT	7896 MCCLURE DRIVE	TALLAHASSEE FL 32312	☒
DT	PROVOST, FRANCES	8054 JORDAN COURT	TALLAHASSEE FL 32308	☒
S	BROOKS, LINDA	2328 HAVERHILL RD	TALLAHASSEE FL 32312	☐
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
VP	Ryland Musick	1739 Kathryn Avenue	Tallahassee, FL 32308	☒	☒
DT	JANET COSPER	1724 Evening Breeze Lane	Tallahassee, FL 32312	☒	☒
				☐	☐
				☐	☐

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 #

1/5/2000 850-668-7214