

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90050 004 \*\*\*\*70.00

**DOCUMENT # 766756**

1. Entity Name

**SEMINOLE HIGH SCHOOL BASEBALL BOOSTERS CLUB, INC.**

Principal Place of Business

Mailing Address

8401-131ST STREET NORTH  
 RICHARD CHAPMAN  
 SEMINOLE FL 33776  
 US

8401-131ST STREET NORTH  
 RICHARD CHAPMAN  
 SEMINOLE FL 33776-3120  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2871541

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

KOZLOWSKA, RAY  
 10701 59 SW Ave, N  
 SEMINOLE FL 33775 a

Name **Ray Kozlowski**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10701 59th Avenue North**  
 City **Seminole** FL Zip Code **33776**

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 *Ray A. Kozlowski*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/6/2000

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	<b>President</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KOZLOWSKI, RAY</b>	
STREET ADDRESS	<b>10701 59 AVE No.</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 33776 a</b>	
TITLE	<b>D Secretary</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KOTCHMAN, SUE</b>	
STREET ADDRESS	<b>8445 125TH CT N</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 33776</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STEGBAUER, MEG</b>	
STREET ADDRESS	<b>8275 140TH ST N</b>	
CITY-ST-ZIP	<b>SEMINOLE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Kozlowski, Ray</b>	
STREET ADDRESS	<b>10701 59th Ave No.</b>	
CITY-ST-ZIP	<b>Seminole FL 33772</b>	
TITLE	<b>SD Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Kotchman, Sue</b>	
STREET ADDRESS	<b>8445 125th Ct. N</b>	
CITY-ST-ZIP	<b>Seminole FL 33776</b>	
TITLE	<b>TD Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Wilson, Ann</b>	
STREET ADDRESS	<b>12744 91st Avenue North</b>	
CITY-ST-ZIP	<b>Seminole FL 33776</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Ray A. Kozlowski* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2000

727-391-1937

CR2E037 (9/99)