

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 15, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90962 011 \*\*\*\*70.00

**DOCUMENT # 766756**

1. Entity Name

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



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

8401 131st Street North  
 Suite, Apt. #, etc.

3. Mailing Address

8401 131st Street North  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Seminole FL

FL

City & State  
 Seminole FL

FL

4. FEI Number  
 59-2871541

Applied For  
 Not Applicable

Zip  
 33776

Country  
 US

Zip  
 33776

Country  
 US

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Kozlowski  
 KOZLOWSKIA, RAY  
 10701 59 SW North  
 SEMINOLE FL 33772

7. Name and Address of New Registered Agent

Name  
 Ray Kozlowski  
 Street Address (P.O. Box Number is Not Acceptable)  
 10701 59th Avenue North  
 City  
 Seminole FL Zip Code  
 33772

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/22/01  
 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	D President	<input checked="" type="checkbox"/> Delete
NAME	KAZLOWSKI, RAY	
STREET ADDRESS	10701 59 AVE	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOTCHMAN, SUE	
STREET ADDRESS	8445 125TH CT N	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	STEGBAUER, MEG	
STREET ADDRESS	8275 140TH ST N	
CITY-ST-ZIP	SEMINOLE FL	
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	D President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kozlowski, Ray	
STREET ADDRESS	10701 59th Avenue North	
CITY-ST-ZIP	Seminole FL 33772	
TITLE	D Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kotchman, Sue	
STREET ADDRESS	8445 125th Court North	
CITY-ST-ZIP	Seminole FL 33776	
TITLE	D Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilson, Ann	
STREET ADDRESS	12744 91st Avenue North	
CITY-ST-ZIP	Seminole FL 33776	
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		

CR2E037 (10/00)

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:

*RAY A. KOZLOWSKI*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAY A. KOZLOWSKI 3/22/01  
 Date Daytime phone #