

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

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

02-05-2003 90107 025 ****70.00

DOCUMENT # 766756

1. Entity Name
SEMINOLE HIGH SCHOOL BASEBALL BOOSTERS CLUB, INC.



Principal Place of Business

**8401-131ST STREET NORTH
SEMINOLE FL 33776
US**

Mailing Address

**8401-131ST STREET NORTH
SEMINOLE FL 33776
US**

22003626



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KOZLOWSKI, RAY
10701 59TH AVENUE NORTH
SEMINOLE FL 33772**

7. Name and Address of New Registered Agent

Name - **JANELLE S. MAKOWSKI**

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

11209 SPRING STREET

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

Janelle S. Makowski

Signature, typed or printed name of registered agent and title if applicable.

Janelle S. Makowski, TREASURER

(NOTE: Registered Agent signature required when reinstating)

1/22/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **ABRAHAMSON, JOE**
STREET ADDRESS **9569 135TH ST W**
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **VD** ☐ Delete
NAME **CHAPPIE, JOHN W**
STREET ADDRESS **11301 BELLA LOMA**
CITY-ST-ZIP **LARGO FL 33774**

TITLE **SD** ☐ Delete
NAME **MASSIE, CINDY**
STREET ADDRESS **12645 74 AVE**
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **TD** ☐ Delete
NAME **MAKOWSKI, JANELLE**
STREET ADDRESS **11209 SPRING STREET**
CITY-ST-ZIP **LARGO FL 33774**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **PD** ☒ Change ☐ Addition
NAME **CHAPPIE JOHN W**
STREET ADDRESS **11301 BELLA LOMA**
CITY-ST-ZIP **LARGO FL 33774**

TITLE **SD** ☒ Change ☐ Addition
NAME **MASSIE, CINDY**
STREET ADDRESS **19 ISLAND DRIVE**
CITY-ST-ZIP **TREASURE ISLAND, FL. 33706**

TITLE **TD** ☒ Change ☐ Addition
NAME **MAKOWSKI, JANELLE S.**
STREET ADDRESS **11209 SPRING STREET**
CITY-ST-ZIP **LARGO, FL 33774**

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

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:

Janelle S. Makowski **Janelle S. Makowski, Treasurer, 1/22/03 727-420-9701**

CR2E037 (10/02)