

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

22003626



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

4. FEI Number **NOT APPLICABLE** 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
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* **Janelle S. Makowski, TREASURER** 1/22/03
 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

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	<input checked="" type="checkbox"/> Delete
NAME	ABRAHAMSON, JOE	
STREET ADDRESS	9569 135TH ST W	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHAPPIE, JOHN W	
STREET ADDRESS	11301 BELLA LOMA	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MASSIE, CINDY	
STREET ADDRESS	12645 74 AVE	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MAKOWSKI, JANELLE	
STREET ADDRESS	11209 SPRING STREET	
CITY-ST-ZIP	LARGO FL 33774	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPPIE JOHN W	
STREET ADDRESS	11301 BELLA LOMA	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSIE, CINDY	
STREET ADDRESS	19 ISLAND DRIVE	
CITY-ST-ZIP	TREASURE ISLAND, FL. 33706	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAKOWSKI, JANELLE S.	
STREET ADDRESS	11209 SPRING STREET	
CITY-ST-ZIP	LARGO, FL 33774	
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		

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)