

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 767395**

1. Entity Name

BLUE DARTER BOOSTER CLUB, INC.**FILED****May 13, 2002 8:00 am**
Secretary of State

05-13-2002 90104 019 ****61.25

Principal Place of Business

Mailing Address

555 W MARTIN ST
APOPKA FL 32712
US555 W MARTIN ST
APOPKA FL 32712
US

00096134



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

59-6000771

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

EDWARDS, JOHN E
555 WEST MARTIN STREET
APOPKA FL 32712

Name

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

City

FL

Zip Code

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 reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	KING, MARCIA	
STREET ADDRESS	447 ALABAMA AVENUE	
CITY-ST-ZIP	APOPKA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KING, MARCIA	
STREET ADDRESS	447 ALABAMA AVENUE	
CITY-ST-ZIP	APOPKA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WISE, CARLTON	
STREET ADDRESS	400 HICKORY ROAD	
CITY-ST-ZIP	APOPKA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KING, PHILIP	
STREET ADDRESS	447 ALABAMA AVENUE	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, JOHN E	
STREET ADDRESS	555 W. MARTIN STREET	
CITY-ST-ZIP	APOPKA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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:Philip B. King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORApril 11, 2002 407-905-5500
Date Daytime Phone #