2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770147

FILED
Apr 03, 2000 8:00 am
Secretary of State
04-03-2000 90137 008 ****61.25

1. Entity Name

PALM BEACH COUNTY SEMINOLE BOOSTERS, INC.

Principal Place of Business	Mailing Address
P. O. BOX 14653 N. PALM BEACH FL 33408	P. O. BOX 14653 N. PALM BEACH FL 33408-0653

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2315725 ☐ Applied For ☐ Not Applicable

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
CAPKO, WILLIAM G 1700 PALM BEACH LAKES BLVD. SUITE 1000 WEST PALM BEACH FL 33401	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 $61.25	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GOLSON, BILL 13886 88TH PLACE W. PALM BEACH FL 33412	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SAM HUMPHRIES 4316 ELM AVE PALM BEACH GARDENS, FL 33410 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED HUMPHRIES, SAMUEL 4316 ELM STREET PALM BEACH GARDENS FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE BONNIE BRENT 6206-1 RIVERWALK LANE JUPITER, FL 33458 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PURVIS, MELANIE 1659 BRANDYWIND RD-#6215 W. PALM BEACH FL 33409	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROBERT D. MCLAUGHLIN DC 1395 N. MILITARY TRAIL W. PALM BEACH, FL 33409 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HOYT, ANDREW 9865 DAISEY AVE PALM BEACH GARDENS FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GOLSON, SANDY 1461 39TH STREET WEST PALM BEACH FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ZAMMIT, PHILIP 124 CHORE COURT, #309 NORHT PALM BEACH FL 33408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 124 SHORE ~~CT~~ CT., #309 NORTH PALM BEACH, FL 33408

CR2E037 (9/99)

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: Sandy Golson SIGNATURE REQUIRED Sect. 3/28/00 561-842-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #