

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

0050076

DOCUMENT # 770147

04-25-2001 90095 024 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2315725

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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:
FEES 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: PD
 NAME: **GOLSON, BILL** Delete
 STREET ADDRESS: **13886 88TH PLACE**
 CITY-ST-ZIP: **W. PALM BEACH FL 33412**

TITLE: **ROBERT D. McLAUGHLIN, D.C.** Change Addition
 NAME: **1395 N. MILITARY TRAIL**
 STREET ADDRESS: **W. PALM BEACH, FL 33409**
 CITY-ST-ZIP:

TITLE: PED
 NAME: **HUMPHRIES, SAMUEL** Delete
 STREET ADDRESS: **4316 ELM STREET**
 CITY-ST-ZIP: **PALM BEACH GARDENS FL 33410**

TITLE: **NONE** Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: VPD
 NAME: **PURVIS, MELANIE** Delete
 STREET ADDRESS: **1659 BRANDYWIND RD-#6215**
 CITY-ST-ZIP: **W. PALM BEACH FL 33409**

TITLE: **PAT ISAACS** Change Addition
 NAME: **2224 SE MAPLEWOOD GLEN**
 STREET ADDRESS: **STUART, FL 34997**
 CITY-ST-ZIP:

TITLE: TD
 NAME: **HOYT, ANDREW** Delete
 STREET ADDRESS: **9865 DAISEY AVE**
 CITY-ST-ZIP: **PALM BEACH GARDENS FL 33410**

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

TITLE: SD
 NAME: **GOLSON, SANDY** Delete
 STREET ADDRESS: **1461 39TH STREET**
 CITY-ST-ZIP: **WEST PALM BEACH FL 33407**

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

TITLE: CD
 NAME: **ZAMMIT, PHILIP** Delete
 STREET ADDRESS: **124 CHORE COURT, #309**
 CITY-ST-ZIP: **NORHT PALM BEACH FL 33408**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandy Golson - SANDY GOLSON

Date

Daytime Phone #

561-842-7500

CR2E037 (10/00)