

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NQ0000000311

1. Entity Name

NAVARRE HIGH SCHOOL SOFTBALL BOOSTERS CLUB, INC.

Principal Place of Business

7118 KNOLLWOOD DRIVE
NAVARRE FL 32566

Mailing Address

7118 KNOLLWOOD DRIVE
NAVARRE FL 32566

2. Principal Place of Business

8600 HIGH SCHOOL BLVD

Suite, Apt. #, etc.

3. Mailing Address

8600 HIGH SCHOOL BLVD

Suite, Apt. #, etc.

City & State

NAVARRE FL

City & State

NAVARRE FL

4. FEI Number

59-3618-117

Applied For

Not Applicable

Zip

32566

Country

Zip

32566

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOUNTAIN, KENNETH R P.A.
885 NAVARRE PARKWAY
NAVARRE FL 32566

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
BAKER, SHAWNA
1901 PRADO STREET
NAVARRE FL 32566 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CARVAJAL, FERNANDO
7118 KNOLLWOOD DRIVE
NAVARRE FL 32566 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
CASSIDY, DANA
7418 MANATEE STREET
NAVARRE FL 32566 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
NANCY TAKACS
6001 SEA BASS CIR
NAVARRE FL 32566 ☐ Change ☒ Addition

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

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

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

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

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

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

Date

Daytime Phone #

4/5/01

850-939-9399

CR2E037 (10/00)