

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 91139 007 \*\*\*\*61.25

DOCUMENT # N00000000752

1. Entity Name

JOHN HOPKINS THESPIAN BOOSTER CLUB, INC.

Principal Place of Business

17071 DOLPHIN DR  
N REDINGTON BEACH FL 33708

Mailing Address

17071 DOLPHIN DR  
N REDINGTON BEACH FL 33708

2. Principal Place of Business

701 16th St South

3. Mailing Address

PO Box 12084

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg FL

City & State

St. Petersburg FL

4. FEI Number

59-3623033

Applied For

Not Applicable

Zip

33705

Country

USA

Zip

33733

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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 PD  
NAME VOLLAND, BONNIE L  
STREET ADDRESS 17071 DOLPHIN DR  
CITY-ST-ZIP N REDINGTON BEACH FL 33708 ☒ Delete

TITLE SD  
NAME VOLLAND, BRETT R  
STREET ADDRESS 17071 DOLPHIN DR  
CITY-ST-ZIP N REDINGTON BEACH FL 33708 ☒ Delete

TITLE TD  
NAME GOLDMAN, RICHARD  
STREET ADDRESS 17071 DOLPHIN DR  
CITY-ST-ZIP N REDINGTON BEACH FL 33708 ☐ 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 PD  
NAME Michelle Kohnnick  
STREET ADDRESS 701 16th St. South  
CITY-ST-ZIP St. Petersburg FL 33705 ☐ Change ☒ Addition

TITLE SD  
NAME Edy Martey  
STREET ADDRESS 701 16th Street South  
CITY-ST-ZIP St. Petersburg FL 33705 ☐ Change ☒ Addition

TITLE TD  
NAME Richard Goldman  
STREET ADDRESS 701 16th Street South  
CITY-ST-ZIP St. Petersburg FL 33705 ☒ 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:

*Richard Goldman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01  
Date

(727) 821-2261 x232  
Daytime Phone #

CR2E037 (10/00)