DOCUMENT # N00000002207

Entity Name

Palm Harbor University High School Center for Wellness and Medical Professions Booster Club, Inc.

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90991 048 ****70.00

Principal Place of Business
1900 Omaha Street
Palm Harbor, FL 34683

Mailing Address

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address
2872 Sea Pines Circle West

Suite, Apt. #, etc.

City & State
Clearwater, FL

Zip 33761 | Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number | [X] Applied For | [ ] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Bentz, Robert
2872 Sea Pines Circle West
Clearwater, FL 33761

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Bentz, Robert L 2872 Sea Pines Circle W Clearwater, FL 33761-3009 [ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Moss, Wendy 3125 Harvest Moon Drive Palm Harbor, FL 34683 [ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Wilson, Brad 1750 Oyster Pt. Way Palm Harbor, FL 34683 [X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Cooper, Nancy 3630 Shady Lane Palm Harbor, FL 34683 [ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Bennett, Carolyn 4339 Worthington Circle Palm Harbor, FL 34685 [X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	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: _____ 4/7/2001 (727)572-5515 ext. 231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #