

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

05-23-2001 91169 045 ****61.25

DOCUMENT # N100000003500
1. Entity Name
 CELEBRATION SPEECH & DEBATE BOOSTERS INC.

Principal Place of Business **Mailing Address**

2. Principal Place of Business **3. Mailing Address**
 618 TEAL AVENUE 618 TEAL AVENUE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 CELEBRATION FL CELEBRATION FL
Zip **Country** **Zip** **Country**
 34747 USA 34747 USA

4. FEI Number 54-3662983 **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

LAWRENCE HABER

Name LAWRENCE HABER
Street Address (P.O. Box Number is Not Acceptable)
 931 JASMINE ST.
City CELEBRATION **FL** **Zip Code** 34747

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	PRESIDENT	☐ Delete
NAME	BARBARA HARMER D	
STREET ADDRESS	601 TRUMPET PLACE	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	TREASURER	☐ Delete
NAME	SARA MUMFORD D	
STREET ADDRESS	618 TEAL AVENUE	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	SECRETARY	☐ Delete
NAME	DINA MEEKS DOMINGUEZ D	
STREET ADDRESS	618 TEAL AVENUE	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	LEONARD TIMM	☒ Delete
NAME	411 CAMPUS ST	
STREET ADDRESS	CELEBRATION FL 34747	
TITLE	LYNN RICHARDSON	☒ Delete
NAME	953 STARKING DR	
STREET ADDRESS	CELEBRATION FL 34747	
CITY-ST-ZIP		
TITLE	DIRECTOR	☐ Delete
NAME	TERRI HABER	
STREET ADDRESS	931 JASMINE ST	
CITY-ST-ZIP	CELEBRATION FL 34747	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SARA B. MUMFORD SARA B. MUMFORD

4/29/01

407-566-8639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)