

2001 UNIFORM BUSINESS REPORT (UBR)

3.

FILED
Apr 04, 2001 8:00 am
Secretary of State

03-21-2001 90024 030 ****61.25

DOCUMENT # N00000003642

1. Entity Name

DIXIE HOLLINS HIGH SCHOOL BASEBALL BOOSTERS, INC

Principal Place of Business

Mailing Address

% MICHAEL D'AMICO
 6049 23RD AVENUE NORTH
 ST. PETERSBURG FL 33710

% MICHAEL D'AMICO
 6049 23RD AVENUE NORTH
 ST. PETERSBURG FL 33710

2. Principal Place of Business

6049 23 Ave N

3. Mailing Address

6049 23 Ave N

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg FL

City & State

St Petersburg FL

4. FEI Number

59-3691291

Applied For

Not Applicable

Zip

33710

Country

USA

Pinellas

Zip

33710

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**D'AMICO, MICHAEL
 6049 23RD AVENUE NORTH
 ST. PETERSBURG FL 33710**

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 *Michael D'Amico, President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/16/01

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	<input type="checkbox"/> Delete
NAME	MICHAEL D'AMICO	
STREET ADDRESS	6049 23 AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	DONALD REIGLE	
STREET ADDRESS	2490 55 ST N	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	GEORGIENE BOZENHARD	<input type="checkbox"/> Delete
NAME	7313 34 AVE N	
STREET ADDRESS	ST PETERSBURG FL 33710	
CITY-ST-ZIP	SECRETARY	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	NANCY D'AMICO	
STREET ADDRESS	6049 23 AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL D'AMICO	
STREET ADDRESS	6049 23 AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD REIGLE	
STREET ADDRESS	2490 55 ST N	
CITY-ST-ZIP	ST PETERSBURG-FL 33710	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGIENE BOZENHARD	
STREET ADDRESS	7313 34 AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY D'AMICO	
STREET ADDRESS	6049 23 AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael D'Amico* **REQUIRE!** **Michael D'Amico**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/01

727-384-6453

Date

Daytime Phone #

CR2E037 (10/00)