

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90191 042 ****61.25

DOCUMENT # N00000003642
1. Entity Name
DIXIE HOLLINS HIGH SCHOOL BASEBALL BOOSTERS, INC



Principal Place of Business Mailing Address
6049 23 AVE N 6049 23 AVE N
ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710

20029209



2. Principal Place of Business 3. Mailing Address
10632 Blossom Lake Dr 10632 Blossom Lake Dr
Suite, Apt. #, etc. Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State City & State
Seminole FL Seminole FL

4. FEI Number **59-3691291** Applied For
Not Applicable

Zip Country Zip Country
33772 U.S.A 33772 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 **Donna Crane**
Street Address (P.O. Box Number is Not Acceptable)
10632 Blossom Lake Dr
City **Seminole FL** Zip Code **33772**

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE *Donna Crane* DATE **4/8/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D'AMICO, MICHAEL 6049 23 AVE N SAINT PETERSBURG FL 33710 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REIGLE, DONALD 2490 55 ST N SAINT PETERSBURG FL 33710 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOZENHARD, GEORGIENE 7313 34 AVE N SAINT PETERSBURG FL 33710 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD D'AMICO, NANCY 6049 23 AVE N SAINT PETERSBURG FL 33710 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONNA CRANE 10632 BLOSSOM LAKE DR SEMINOLE FL 33772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRENDA SCHAFFER 6344 68th ST N PINELLAS PARK FL 33781 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEATHER BLACKWELL 5340 43rd TERR N. ST. PETERSBURG FL 33709 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHN CRANE 10632 BLOSSOM LAKE DR SEMINOLE FL 33772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael D'Amico*

4/8/03 727-384-6453

CR2E037 (10/02)