

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 22, 2001 08:00 AM**
Secretary of State**DOCUMENT # N00000005628**

1. Entity Name

POMPAO EAGLES BOOSTER CLUB, INC.

Principal Place of Business

161 SW 10 ST.

POMPAO BCH
33060

FL

Mailing Address

161 SW 10 ST.

POMPAO BCH
33060

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1033698

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIFFIN THERESA
161 SW 10 ST.POMPAO BCH
33060

US

FL

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

08/22/2001

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:
FEE IS \$61.259. 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	DT	<input type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUER ROBIN		NAME	SALAY JOANNE	
STREET ADDRESS	4701 LYONS RD.		STREET ADDRESS	716 NE 4 STREET	
CITY-ST-ZIP	COCONUT CREEK FL 33073		CITY-ST-ZIP	POMPAO BEACH FL 33060	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AURIEMMA KIM		NAME	MARQUIS ELEANORE	
STREET ADDRESS	1624 SE 1 ST		STREET ADDRESS	87 SW 3 STREET	
CITY-ST-ZIP	POMPAO BCH FL 33060		CITY-ST-ZIP	POMPAO BCH FL 33060	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON GARTH		NAME	HORN BRIAN	
STREET ADDRESS	2683 NE 15 ST.		STREET ADDRESS	804 NE 11 AVENUE	
CITY-ST-ZIP	POMPAO BCH FL 33062		CITY-ST-ZIP	POMPAO BCH FL 33060	
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN THERESA		NAME		
STREET ADDRESS	161 SW 10 ST.		STREET ADDRESS		
CITY-ST-ZIP	POMPAO BCH FL 33060		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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:

THERESA GRIFFIN

DP

08/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)