

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2001 8:00 am
Secretary of State

06-07-2001 90192 046 ****61.25

DOCUMENT # N00000006869

1. Entity Name

THE MOSLEY HIGH SCHOOL BOYS BASKETBALL BOOSTER C

Principal Place of Business

Mailing Address

**201 TIMBER LANE
 PANAMA CITY FL 32405**

**201 TIMBER LANE
 PANAMA CITY FL 32405**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**HOLSOMBAKE, JAMES
 201 TIMBER LANE
 PANAMA CITY FL 32405**

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

James Holsombake, TD

June 5, 2001

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

(NOT 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 **PD** Delete
 NAME **VAUGHN, JERRY**
 STREET ADDRESS **332 HARVARD BLVD.**
 CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **HOLSOMBAKE, JAMES**
 STREET ADDRESS **201 TIMBER LANE**
 CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **MCGONAGIL, BRENDA**
 STREET ADDRESS **4217 DELEN DR.**
 CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **FOSTER, RANDY**
 STREET ADDRESS **1608 INVERNESS RD.**
 CITY-ST-ZIP **PANAMA CITY FL**

TITLE **D** Change Addition
 NAME **James Russell**
 STREET ADDRESS **107 W. 3rd Street**
 CITY-ST-ZIP **Lynn Haven, FL 32444**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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 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:

[Handwritten Signature]

James Holsombake

June 5, 2001 850-832-0330

CR2E037 (10/00)