2001 UNIFORM BUSINESS REPORT (UBR)

Jun 07, 2001 8:00 am DOCUMENT # N00000006869 Secretary of State 06-07-2001 90192 046 ****61.25 THE MOSLEY HIGH SCHOOL BOYS BASKETBALL BOOSTER C Principal Place of Business Mailing Address 201 TIMBER LANE 201 TIMBER LANE PANAMA CITY FL 32405 PANAMA CITY FL 32405 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent ~ 6... Name and Address of Current Registered Agent-Name Street Address (P.O. Box Number is Not Acceptable) HOLSOMBAKE, JAMES 201 TIMBER LANE PANAMA CITY FL 32405 Zip Code City 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. June 5, 2001 James Holsombake, TD SIGNATURE (NOT Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaigr Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10 ☐ Addition ☐ Change TITLE ☐ Delete VAUGHN, JERRY NAME STREET ADDRESS 332 HARVARD BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LYNN HAVEN FL 32444 ☐ Change ☐ Addition TITLE ☐ Delete NAME HOLSOMBAKE, JAMES NAME STREET ADDRESS STREET ADDRESS 201 TIMBER LANE CITY-ST-ZIP CITY-STEZIP PANAMA CITY FL 32405 Change ☐ Addition TITLE SD Delete TITE NAME MCGONAGIL, BRENDA NAME STREET ADDRESS STREET ADDRESS 4217 DELEN DR. CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32404 Change X Addition X Delete TITLE TITLE James Russell FOSTER, RANDY NAME NAME 107 W. 3rd Street STREET ADDRESS STREET ADDRESS 1608 INVERNESS RD. 32444 CITY-ST-ZIE Lynn Haven, FL CITY-ST-ZIE PANAMA CITY FL ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify to 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, by 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 true all other this empowered

FILED

SIGNATURE: June 5, 2001 850-832-0330