

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007706

1. Entity Name

TAKE NOTE BOOSTERS INC.

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91728 014 ****61.25

Principal Place of Business

Mailing Address

C/O TRAFALGAR MIDDLE SCHOOL
2120 TRAFALGAR PKW
CAPE CORAL FL 33991

C/O TRAFALGAR MIDDLE SCHOOL
2120 TRAFALGAR PKW
CAPE CORAL FL 33991

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

APPLIED FOR

65-1053635

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSTON, MARIBETH
4206 SW 14TH PLACE
CAPE CORAL FL 33914

Name

BUSSCHER, GLENDA

Street Address (P.O. Box Number is Not Acceptable)

4751 CURLEW DRIVE

City

ST. JAMES CITY

FL

Zip Code

33956

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: Glenda Busscher - Pres.

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

(NOTE: Registered Agent signature required when reinstating)

5/1/02

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	D	NAME	JOHNSON, MARIBETH	<input type="checkbox"/> Delete
STREET ADDRESS			4206 SW 14TH PL	
CITY-ST-ZIP			CAPE CORAL FL 33914	
TITLE	D	NAME	MC BRIDE, JO ELLEN	<input type="checkbox"/> Delete
STREET ADDRESS			913 SW 51ST TERR	
CITY-ST-ZIP			CAPE CORAL FL 33914	
TITLE	D	NAME	NORRIS, JAN 5236 SW	<input type="checkbox"/> Delete
STREET ADDRESS			5236 SW 27TH PL	
CITY-ST-ZIP			CAPE CORAL FL 33914	
TITLE	D	NAME	TURNER, SUSAN	<input type="checkbox"/> Delete
STREET ADDRESS			611 SE 30TH ST	
CITY-ST-ZIP			CAPE CORAL FL 33904	
TITLE	D	NAME	GORDON, CINDY	<input type="checkbox"/> Delete
STREET ADDRESS			1631 SW 15TH AVE	
CITY-ST-ZIP			CAPE CORAL FL 33914	
TITLE	D	NAME	DOWNEY, VALERIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			1625 SE 2ND TERR	
CITY-ST-ZIP			CAPE CORAL FL 33990	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSSCHER, GLENDA	
STREET ADDRESS	4751 CURLEW DRIVE	
CITY-ST-ZIP	ST. JAMES CITY, FL 33956	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIM DAHLBERG	
STREET ADDRESS	1016 SW 21 LANE	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMBERLY BARAJAS	
STREET ADDRESS	144 SE 8 ST.	
CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUAN COSTALLOS	
STREET ADDRESS	4617 SW 17 PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

239-458-8330

Daytime Phone #

CR2E037 (9/01)