

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

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90163 028 \*\*\*\*61.25

**DOCUMENT # N00000007706**

1. Entity Name  
**TAKE NOTE BOOSTERS INC.**



Principal Place of Business  
**C/O TRAFALGAR MIDDLE SCHOOL  
2120 TRAFALGAR PKW  
CAPE CORAL FL 33991**

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



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1053635**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BUSSCHER, GLENDA  
4751 CURLEW DR.  
SAINT JAMES CITY FL 33956**

Name  
**Barajas, Kimberly**  
Street Address (P.O. Box Number is Not Acceptable)  
**144 SE 8 Street**

City  
**Cape Coral, FL** Zip Code  
**33990**

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

*Kimberly Ann Barajas*

**5/1/03**

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

(NOTE: 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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNSON, MARIBETH</b> <b>4206 SW 14TH PL</b> <b>CAPE CORAL FL 33914</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MC BRIDE, JO ELLEN</b> <b>913 SW 51ST TERR</b> <b>CAPE CORAL FL 33914</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NORRIS, JAN 5236 SW</b> <b>5236 SW 27TH PL</b> <b>CAPE CORAL FL 33914</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TURNER, SUSAN</b> <b>611 SE 30TH ST</b> <b>CAPE CORAL FL 33904</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GORDON, CINDY</b> <b>1631 SW 15TH AVE</b> <b>CAPE CORAL FL 33914</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BUSSCHER, GLENDA</b> <b>4751 CURLEW DR.</b> <b>SAINT JAMES CITY FL 33956</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARAJAS, KIMBERLY</b> <b>144 SE 8 ST</b> <b>CAPE CORAL, FL 33990</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEAN, BECKY</b> <b>1843 PICCADILLY CIRCLE</b> <b>CAPE CORAL, FL 33991</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOHERTY, NANCY</b> <b>13681 FERN TRAIL DRIVE</b> <b>N. FT. MYERS, FL 33903</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KERSEY, TERRY</b> <b>2918 NW 19 TERR</b> <b>CAPE CORAL, FL 33993</b>	<input type="checkbox"/> Change <input checked="" 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:

*Cindy Gordon* **5/1/03** **239-458-8330**

CR2E037 (10/02)