

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007905

1. Entity Name

DUNEDIN HIGH SCHOOL GIRLS VOLLEYBALL BOOSTER CLU

Principal Place of Business

1651 PINEHURST RD.  
DUNEDIN FL 34698

Mailing Address

1651 PINEHURST RD.  
DUNEDIN FL 34698

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  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ST. ARNOLD, JACK R ESQ.  
1370 PINEHURST RD.  
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

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

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**  
**After September 12, 2001, min. will be \$236.25**

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MANOVILLE, DALE  
CITY-ST-ZIP 1389 SANDLEWOOD DR.  
DUNEDIN FL 34698

TITLE ☐ Delete  
NAME D  
STREET ADDRESS PICARD, MARCI  
CITY-ST-ZIP 1808 WEST DR.  
CLEARWATER FL 33755

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HERRICK, MARILYN  
CITY-ST-ZIP 1017 SAN SALVADOR DR.  
DUNEDIN FL 34698

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME D/S  
STREET ADDRESS DARRELL C. HERRICK  
CITY-ST-ZIP 1017 SAN SALVADOR DR.  
DUNEDIN, FL 34698

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: *Marilyn R. Herrick* MARILYN R. HERRICK 8/23/01

727-734-  
0690

**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

08-31-2001 90003 035 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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