

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Sep 02, 2002 8:00 am
Secretary of State

05-29-2002 93591 002 ****61.25

DOCUMENT # NO1000000811

1. Entity Name

MANTA RAY FOOTBALL BOOSTER CLUB INC.

Principal Place of Business

Mailing Address

16110 SUNSET PINES CIRCLE, PO BOX 2
 BOCA GRANDE FL 33921

16110 SUNSET PINES CIRCLE, PO BOX 2
 BOCA GRANDE FL 33921

2. Principal Place of Business

135 Spyglass Alley

3. Mailing Address

135 Spyglass Alley

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Placida, FL

City & State

Placida, FL

4. FEI Number

65-107-6258

Applied For

Not Applicable

Zip

33946

Country

USA

Zip

33946

Country

USA

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

Name

Al Stickley

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

135 Spyglass Alley

City

Placida

FL

Zip Code

33946

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 **Al Stickley**

Al Stickley

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☐ Delete
 NAME **Al Stickley**
 STREET ADDRESS **135 Spyglass Alley**
 CITY-ST-ZIP **Placida, FL 33946**

TITLE **Board** ☐ Change ☐ Addition
 NAME **Lori Ray**
 STREET ADDRESS **1880 Faust Rd**
 CITY-ST-ZIP **Englewood, FL 34224**

TITLE **Vice President** ☐ Delete
 NAME **Robin Briggs**
 STREET ADDRESS **1957 Trout Cir**
 CITY-ST-ZIP **Englewood, FL 34224**

TITLE **Board** ☐ Change ☐ Addition
 NAME **Phil Ellis**
 STREET ADDRESS **1630 David Place**
 CITY-ST-ZIP **Englewood, FL 34223**

TITLE **Secretary/Treasurer** ☐ Delete
 NAME **Leslie Jacobsen**
 STREET ADDRESS **265 Oxford Dr N**
 CITY-ST-ZIP **Englewood, FL 34223**

TITLE **Board** ☐ Change ☐ Addition
 NAME **Betty Bowen**
 STREET ADDRESS **P.O. Box 71**
 CITY-ST-ZIP **Boca Grande, FL 33921**

TITLE **Board** ☐ Delete
 NAME **Nanette Simmons**
 STREET ADDRESS **7044 Strawberry St**
 CITY-ST-ZIP **Englewood, FL 34224**

TITLE **Board** ☐ Change ☐ Addition
 NAME **Gary Dutery**
 STREET ADDRESS **P.O. Box 1533**
 CITY-ST-ZIP **Boca Grande, FL 33921**

TITLE **Board** ☐ Delete
 NAME **Gary Dutery**
 STREET ADDRESS **P.O. Box 1533**
 CITY-ST-ZIP **Boca Grande, FL 33921**

TITLE **Board** ☐ Change ☐ Addition
 NAME **Ben Essenburg**
 STREET ADDRESS **2287 Paraiso Ct**
 CITY-ST-ZIP **Englewood, FL 34224**

TITLE **Board** ☐ Delete
 NAME **Ben Essenburg**
 STREET ADDRESS **2287 Paraiso Ct**
 CITY-ST-ZIP **Englewood, FL 34224**

TITLE **Board** ☐ Change ☐ Addition
 NAME **Ben Essenburg**
 STREET ADDRESS **2287 Paraiso Ct**
 CITY-ST-ZIP **Englewood, FL 34224**

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:

Leslie Jacobsen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)