

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

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90157 001 \*\*\*\*70.00

**DOCUMENT # NO1000003584**

1. Entity Name

**STARS BOOSTER NON-PROFIT GROUP, INC.**



Principal Place of Business

**164 SAUSALITO BOULEVARD  
CASSELBERRY FL 32707**

Mailing Address

**164 SAUSALITO BOULEVARD  
CASSELBERRY FL 32707**

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 **59-3692372**

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

**SIMPSON, KOLEEN K  
164 SAUSALITO BOULEVARD  
CASSELBERRY FL 32707**

**DELETE**

Name

**JACQUELINE HOFFMANN**

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

**164 SAUSALITO BLVD**

City

**CASSELBERRY**

FL

Zip Code

**32707**

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

*Jacqueline Hoffmann*

**JACQUELINE HOFFMANN**

**1/28/03**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SIMPSON, KOLEEN K</b>	
STREET ADDRESS	<b>164 SAUSALITO BOULEVARD</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BOETTO, NANCY R</b>	
STREET ADDRESS	<b>164 SAUSALITO BOULEVARD</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>O'SHEA, SANDRA A</b>	
STREET ADDRESS	<b>164 SAUSALITO BOULEVARD</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SISK, LONE L</b>	
STREET ADDRESS	<b>164 SAUSALITO BOULEVARD</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COLON, MICHELLE</b>	
STREET ADDRESS	<b>164 SAUSALITO BOULEVARD</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KERI REESE BENNETT</b>	
STREET ADDRESS	<b>164 SAUSALITO BLVD</b>	
CITY-ST-ZIP	<b>CASSELBERRY, FL 32707</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RICH RUSKO</b>	
STREET ADDRESS	<b>164 SAUSALITO BLVD</b>	
CITY-ST-ZIP	<b>CASSELBERRY, FL 32707</b>	
TITLE	<b>REGISTERED AGENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JACQUELINE HOFFMANN</b>	
STREET ADDRESS	<b>164 SAUSALITO BLVD</b>	
CITY-ST-ZIP	<b>CASSELBERRY, FL 32707</b>	
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:

*L. Sisk* **L. SISK** **1/28/03 (407) 332-6322**

CR2E037 (10/02)