

Amended

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

DOCUMENT # N 01000003946  
1. Entity Name  
NBPS ATHLETIC BOOSTER CLUB, INC.

FILED  
02 AUG -8 PM 2: 34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
7600 Lyons Road  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Coconut Creek FL

City & State

4. FEI Number  
65-1081060

Applied For  
Not Applicable

Zip  
33073-0733

Country  
Broward

Zip

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Robert Mayer  
Street Address (P.O. Box Number is Not Acceptable)  
1320 S DIXIE Hwy #811  
City Coral Gables FL Zip Code 33146

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 re-registering) DATE

FEES IS \$61.25  
Initial or Amended UBR

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 P/D  
NAME Steven Getter  
STREET ADDRESS 2929 University Dr  
CITY- ST- ZIP Coral Springs FL 33065

TITLE VP/D  
NAME Christine Scalfani  
STREET ADDRESS 800 NE 5 ST  
CITY- ST- ZIP Boca Raton FL 33432

TITLE D  
NAME DAN HANEY  
STREET ADDRESS 7600 Lyons Rd  
CITY- ST- ZIP Coconut Creek FL 33073

TITLE Sec  
NAME Elaine L'Italien  
STREET ADDRESS 766 Marble Way  
CITY- ST- ZIP Boca Raton FL 33432

TITLE Treas  
NAME Lish Millman  
STREET ADDRESS 8556 NW 50 Dr  
CITY- ST- ZIP Coral Springs FL 33067

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN GETTER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 954-345-7313  
Election Phone #

CR2E037B (12/01)