

**2002 UNIFORM BUSINESS REPORT (UBR)**

5/2

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90100 006 \*\*\*\*61.25

**DOCUMENT # N01000005467**

1. Entity Name

**FLYERS BOOSTER CLUB, INC.**

Principal Place of Business      Mailing Address  
 4581 ASHTON RD      4581 ASHTON RD  
 SARASOTA FL 34233      SARASOTA FL 34233

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  
 65-1137114      Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILONAS, TASO M  
 1800 SECOND ST STE 884  
 SARASOTA FL 34238

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: *Ronay Reed RN*

4-30-02

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: D       Delete  
 NAME: REED, RONAY  
 STREET ADDRESS: 5608 40TH AVE E  
 CITY-ST-ZIP: BRADENTON FL 34208

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

TITLE: D       Delete  
 NAME: POWELL, SUE  
 STREET ADDRESS: 6334 PINE MEADOW WAY  
 CITY-ST-ZIP: BRADENTON FL 34240

TITLE: D       Change       Addition  
 NAME: Suzanne McBrayer  
 STREET ADDRESS: 7537 Waterford Circle  
 CITY-ST-ZIP: Sarasota, FL 34238

TITLE: D       Delete  
 NAME: LAWSON, LISA  
 STREET ADDRESS: 3130 DICK WILSON DR  
 CITY-ST-ZIP: SARASOTA FL 34240

TITLE: D       Change       Addition  
 NAME: Lisa A Pelotte  
 STREET ADDRESS: 5204 Highbury Circle  
 CITY-ST-ZIP: Sarasota, FL 34238

TITLE: D       Delete  
 NAME: GAYNOR, VICKY  
 STREET ADDRESS: 5233 SUNNYDALE CIR  
 CITY-ST-ZIP: SARASOTA FL 34233

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

TITLE:       Delete  
 NAME:       Delete  
 STREET ADDRESS:       Delete  
 CITY-ST-ZIP:       Delete

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

TITLE:       Delete  
 NAME:       Delete  
 STREET ADDRESS:       Delete  
 CITY-ST-ZIP:       Delete

TITLE:       Change       Addition  
 NAME:       Change       Addition  
 STREET ADDRESS:       Change       Addition  
 CITY-ST-ZIP:       Change       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: *Ronay Reed*      **REQUIRED**

4-30-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)