

**2002 UNIFORM BUSINESS REPORT (UBR)**

**PENDING**

05-23-2002 90100.006 \*\*\*\*61.25  
09-18-2002 90050.005 \*\*\*\*61.25

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 SEP 26 PM 12:01

**DOCUMENT # N01000005467**

1. Entity Name

**FLYERS BOOSTER CLUB, INC.**

*Amended*

Principal Place of Business

4581 ASHTON RD  
SARASOTA FL 34233

Mailing Address

4581 ASHTON RD  
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

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: *Ronay Reed*  
Street Address (P.O. Box Number is Not Acceptable):  
*4581 Ashton Rd*  
*Sarasota*  
City: *Sarasota* FL *34233*

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

*Ronay Reed*

*9-13-02*

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
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	D	<input type="checkbox"/> Delete
NAME	REED, RONAY	
STREET ADDRESS	5608 40TH AVE E	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWELL, SUE	
STREET ADDRESS	6334 PINE MEADOW WAY	
CITY-ST-ZIP	BRADENTON FL 34240	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWSON, LISA	
STREET ADDRESS	3130 DICK WILSON DR	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAYNOR, VICKY	
STREET ADDRESS	5233 SUNNYDALE CIR	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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:

*Ronay Reed*  
DIRECTOR

*9-13-02 941 7471585*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/02)

*9/13/02*  
*RD*