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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N01368**

1. Corporation Name
SEMINOLE BOOSTERS OF LEE COUNTY, INC.

Principal Place of Business	Mailing Address
P O BOX 150130 CAPE CORAL FL 33915	P O BOX 150130 CAPE CORAL FL 33915

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed
02/09/1984

4. FEI Number
65-0032753
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SHEARMAN, ROBERT
1715 MONROE STREET
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE [signature] 3-3-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SIMPSON, EDNA		1.2 NAME		
STREET ADDRESS	1920 VIRGINIA AVE. #602		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33901		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SHEARMAN, ROBERT		2.2 NAME		
STREET ADDRESS	1715 MONROE ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33901		2. 4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RINGERS, LARRY		3.2 NAME		
STREET ADDRESS	1371 CURRIER CR		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33919		3.4. CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BROOKS, ROBERT A.		4. 2 NAME		
STREET ADDRESS	PO BOX 150130 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33915		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SELL, BARRY		5.2 NAME		
STREET ADDRESS	3350 N. KEY DR., A-504		5.3 STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WADE, ROBERT L.		6.2 NAME		
STREET ADDRESS	1920 VIRGINIA AVE #602		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED 3-3-99 941-334-4121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #