2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # N01368** Apr 21, 2000 8:00 am Secretary of State 1. Entity Name SEMINOLE BOOSTERS OF LEE COUNTY, INC. 04-21-2000 90116 030 ****61.25 Principal Place of Business Mailing Address P O BOX 150130 P O BOX 150130 CAPE CORAL FL 33915-0130 CAPE CORAL FL 33915 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number City & State City & State 65-0032753 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SHEARMAN, ROBERT 1715 MONROE STREET FT. MYERS FL 33901 City 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 5 (Configure), Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW: \$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. VP ☐ Addition Delete TITLE TITLE SIMPSON, EDNA NAME NAME Chris Wendland STREET ADDRESS STREET ADDRESS 1920 VIRGINIA AVE. #602 5810 Circle CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33901 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME SHEARMAN, ROBERT NAME STREET ADDRESS STREET ADDRESS 1715 MONROE ST CITY-ST-ZIP FT MYERS FL 33901 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME RINGERS, LARRY NAME STREET ADDRESS 1371 CURRIER CR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33919 Addition TIT! F ☐ Delete Change NAME BROOKS, ROBERT A. PO BOX 150130 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33915 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME SELL, BARRY NAME STREET ADDRESS STREET ADDRESS 3350 N. KEY DR., A-504 CITY-ST-ZIP CITY-ST-ZIP N. FT. MYERS FL Delete Addition TITLE TITLE bb Votaw WADE, ROBERT L NAME NAME Wales Drive STREET ADDRESS STREET ADDRESS 1240 1920 VIRGINIA AVE #602 CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL myers 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

A. Brooks

4/13/00

941-997-3076

Daytime Phone #