

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90057 024 \*\*\*\*61.25

**DOCUMENT # N01368**

1. Entity Name

SEMINOLE BOOSTERS OF LEE COUNTY, INC.



Principal Place of Business

P O BOX 150130  
CAPE CORAL FL 33915

Mailing Address

P O BOX 150130  
CAPE CORAL FL 33915

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number  
**65-0032753**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEARMAN, ROBERT**  
**1715 MONROE STREET**  
**FT. MYERS FL 33901**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	WENDLAND, CHRIS	<input checked="" type="checkbox"/> Delete
NAME		5810 NEWFOUNDLAND CIRCLE	
STREET ADDRESS		FORT MYERS FL 33907	
CITY-ST-ZIP			
TITLE	D	SHEARMAN, ROBERT	<input type="checkbox"/> Delete
NAME		1715 MONROE ST	
STREET ADDRESS		FT MYERS FL 33901	
CITY-ST-ZIP			
TITLE	V	RINGERS, LARRY	<input checked="" type="checkbox"/> Delete
NAME		1371 CURRIER CR	
STREET ADDRESS		FT MYERS FL 33919	
CITY-ST-ZIP			
TITLE	T	BROOKS, ROBERT A.	<input type="checkbox"/> Delete
NAME		PO BOX 150130 N/A	
STREET ADDRESS		CAPE CORAL FL 33915	
CITY-ST-ZIP			
TITLE	D	SELL, BARRY	<input type="checkbox"/> Delete
NAME		3350 N. KEY DR., A-504	
STREET ADDRESS		N. FT. MYERS FL	
CITY-ST-ZIP			
TITLE	P	VOTAW, BOB	<input type="checkbox"/> Delete
NAME		1240 WALES DRIVE	
STREET ADDRESS		FORT MYERS FL 33901	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	Brian Bennett	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2817 SW 33rd Terrace	
STREET ADDRESS		Cape Coral, FL 33914	
CITY-ST-ZIP			
TITLE	P		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	Bruce Schultz	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1388 Whiskey Creek Drive	
STREET ADDRESS		FL MYERS, FL 33919	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	Bruce Schultz	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1388 Whiskey Creek Drive	
STREET ADDRESS		FL MYERS, FL 33919	
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *Robert A. Brooks* **Robert A. Brooks** **2/15/08** **239-247-2033**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone/Fax