2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000007069

NORTHVIEW HIGH SCHOOL BA	AND BOOSTER CLUB, INC.	
Principal Place of Business 4100 WEST HIGHWAY 4 BRATT FL 32535	Mailing Address 4100 WEST HIGHWAY 4 BRATT FL 32535	1
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
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FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90103 016 ****61.25

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Principal Place of Busin 4100 WEST HIGHWAY 4 BRATT FL 32535									
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.		Cuite A				1			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			3
City & State		City & State			4. FEI Number				
Zip	Country	Zip		Country	<u> </u>	5. Certificate of Sta	atus Desired	\$8.75 Ac	lditional
6. Nar	6. Name and Address of Current Registered Agent			*			Fee Requir		
		· · · · · · · · · · · · · · · · · · ·		Name			eas of feet Hegiste	neu Agent	
BUCK, TOM				Street	Address /F	P.O. Box Number is N	ot Acceptable)	. <u> </u>	
4100 WEST HIGHV	VAY 4		,	Olicci		.O. DOX NUMBER IS IN	or Acceptable)		
BRATT FL 32535	1								
	÷			City			<u></u> -	FL Zip Cod	de
8. The above named en	tity submits this statement fo	r the purpose o	f changing its re	eaistered office of	or registere	ed agent, or both, in the		- - ,	and accept
the obligations of reg	istered agent.	, ,	3 3	9		or agont, or both, in the	no olate or rionda.	Contractinial with	and accept
•									
SIGNATURE	ed or printed name of registered agent	and title if sonticable	(NOTE: E	Pagistavad &					
	to particular agents	по сме и аррисацие.	(NOTE. P	Registered Agent signa	ature required	when reinstating)	D.	ATE	
	W. EEE 10 001 05	9.	Election Camp	aian Financina		65.00	Maka Oi	haala Dawalala	4
	W: FEE IS \$61.25	"	Trust Fund Cor			\$5.00 May Be Added to Fees	Make Ci Florida De	heck Payable partment of	IO State
							1 TO TIGHT DO	parament or	otate
10.	OFFICERS AND DIF		<i></i>	11.	~,	DDITIONS/CHANGE	S TO OFFICERS AN	D DIRECTORS IN	l 10
NAME BEVINS,	MARCIA	[3	Delete	TITLE	Ö,	•		☐ Change	Addition
	BUTUS DRIVE			NAME STREET ADDRESS	Cond	rey Susan 5 Circle Ro	7		ļ
	OLA FL 32504			CITY-ST-ZIP	Wal	nut Hill F	1.32568		
TITLE DS			Delete	TITLE	D	The first	1. 0200	☑ Change	
NAME COON, S		_	n perere	NAME		Sheila		₩ Change	☐ Addition
STREET ADDRESS PO BOX				STREET ADDRESS	P.0 B	Sheila ox 22	. 		
	HILL FL 32568	-		CITY-ST-ZIP	Waln	ut Hill, El. 3	2568	45	
TITLE DP	MATT	6	Z Delete	TITLE	DP		,	Change	☐ Addition
NAME CARTER, STREET ADDRESS 710 BYRN	NEVILLE ROAD			NAME	Blood	sworth, Sher	rell		
STITES ADDITION IN TO DITIE									
				STREET ADDRESS		W. Hwy. 4	_		
CITY-ST-ZIP CENTURY	/ FL 32535		7 0	CITY-ST-ZIP	Centu	ry, Fl. 3253	5		
CITY-ST-ZIP CENTURY	/ FL 32535	<u> </u>	Delete	CITY-ST-ZIP	Centu DT/C	iry, Fl. 32539			Addition
CITY-ST-ZIP CENTURY TITLE DT NAME NEZOVIC		<u> </u>	Delete	CITY-ST-ZIP TITLE NAME	Centu DT/C	iry, Fl. 32539			Addition
CITY-ST-ZIP CENTURY TITLE DT NAME NEZOVICI STREET ADDRESS 4030 GOI	/ FL 32535 H, DONNA	5	Z Delete	CITY-ST-ZIP	Centu DT/C Garris 4580	iry _i FI. 3253 55 son, Donna Whiteash R	d.	← Change	Addition
CITY-ST-ZIP CENTURY TITLE DT NAME NEZOVICI STREET ADDRESS CITY-ST-ZIP CENTURY TITLE DV	FL 32535 H, DONNA BBLER ROAD FL 32535			CITY-ST-ZIP TITLE NAME STREET ADDRESS	Centu DT/C Garris 4580 Moli	iry, Fl. 32539	d.		
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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.