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

## DOCUMENT # N0200007115

Entity Name

SIGNATURE: S

FREEDOM HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.



FILED Sep 02, 2003 8:00 am Secretary of State

09-02-2003 90185 005 \*\*\*\*61.25

THEEDON	i riidir o	SHOOL ATTILL HOL	,	0200, 1110.	\/								
Principal Place of Business			Mailing Address					1					
17410 COMMERCE PARK TAMPA FL 33647			17410 COMMERCE PARK TAMPA FL 33647										
2. Principal F	Place of Busir	ness	3. Mailing	Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.										
							CHECK HERE IF MAKING CHANGES						
City & State			City & State					4. FEI Number 06 - 164 5835   Applied For Not Applicab			ot Applicable		
Zip Country						intry		5. Certificate of Status Desired  Fee Required					
Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
NORDSTROM, BRUCE 16363 ASHINGTON PARK DRIVE TAMPA FL 33647						Street Address (P.O. Box Number is Not Acceptable)							
<b>₹</b>		:			City LUTZ				FL Zip Code				
		submits this statement for	the purpose	of changing its	registere	ed office o			h, in the State		<u> </u>	and accept	
the obligat	tions of regist	ered agent.								C/l-	م مثل		
SIGNATURE .	MM	or plinted name of registered agent a	nd title if applicat	L. ANDTE	B. 1			when reinstating)		X[<	6/03	<del></del>	
After September 10, 2003, min will be \$236.25 Trust Fund Contrib						on.		\$5.00 May 8 Added to Fees	F	lorida Dep	eck Payable partment of S	State	
TITLE	PD			Delete	TITLE		Pres	sident		1,02(10)1112	Change	Addition	
NAME Street Address City-St-Zip		OM, BRUCE HINGTON PARK DRIVE 33647				ET ADDRESS - St-Zip	ida	nton Ja 25 Ridge	マコモリル	2,			
TITLE	VD	u		Delete	TITLE		Vice	Presider	4		Change	Addition	
NAME Street address		ohnson, anissa RTH 22ND STREET #10	19 ·		NAME	ET ADDRESS	NOW	1stron.P	Riste	^			
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TITLE NAME	VD Riesdorp	H ROBRY		Delete	TITLE		Tro	coner.		-	Change	Addition	
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TITLE	SD			Delete	TITLE		1	irico, PC cetanu	- 500	514	Change	☐ Addition	
NAME STREET ADDRESS	LOHN, VIR	ginia Renson place			NAME	T ADDRESS	Hag	egorn, 5	man	a C			
CITY-ST-ZIP	TAMPA FL					ST-ZIP	Ta	$m \propto 1$	2 Crcek 33l	ر کران			
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CITY-ST-ZIP					CITY-	ST-ZIP							
indicated of the cor	on this report poration or 🌓	information supplied with to supplemental report is e receiver or trustee emport through the month of the supplement with an address with the supplement with the supp	true and acc wered to exe	urate and that m cute this report a	y signati	∍re shall h	ave the s	ame legal effect	as if made ur	ider oath: tha	t I am an officer	or director	