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

## DOCUMENT # N0200009739

## PINE FOREST HIGH SCHOOL GIRLS BASKETBALL BOOSTER CLUB, INC.



**FILED** Apr 21, 2003 8:00 am § Secretary of State

04-21-2003 91177 029 \*\*\*\*61.25

	• •		SO WE				
Principal Plac	ce of Business	Mailing Address	<del>*************************************</del>		200 200 20		
		2500 LONGLEAF DRIVE PENSACOLA FL 32526					
Principal Place of Business     3. Mailing Address							
Suite, Apt. #, etc. Suite, Ap		Suite, Apt. #, etc.			NIECK LIEDE IE MAKING OL	ANGES	
					CHECK HERE IF MAKING CH		
City & State		City & State			4. FEI Number Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Sta		<b>75</b> Additional Required	
	6. Name and Address of Curren	t Registered Agent		-7Name and Addi	ess of New Registered Agen	t	
	IE, BARBARA		Name 5:	HERRY . s (P.O. Box Number is N	SPERANZO ot Acceptable)		
6853 CEDER RIDGE DRIVE PENSACOLA FL 32526			8608 Eight Mile Creek Rd.				
TENON GOLDEN			8608	EIGHT MI		Zip Code	
			Per	<u>15A COLA</u>		37526 J	
<ol> <li>The above the obligation</li> </ol>	eamed entity submits this statement to specifications of registered agent.	or the purpose of changing its	registered office or registi	ered agent, or both, in t	he State of Florida. I am famili	ar with, and accept	
			2	~~WEIV~	4/11	- /	
SIGNATURE	Agnature, typed or printed name or registered agr	of and title if proficeble (NOT)	E: Registered Agent signature requir	red when reinstating)	line / 1	2 102	
	y grander, typed or private that the programme against a agr			- Indiana			
	FILE NOW: FEE IS \$61.25	9. Election Car	mpaign Financing	\$5.00 May Be	Make Check Pa	yable to	
	1 ILL 11011. 1 LL 10 401.23	Trust Fund C	Contribution.	Added to Fees	Florida Departme	nt of State	
10.	OFFICERS AND D	IBECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECT	ORS IN 10	
TITLE	PD	Delete	TITLE	7.00011101107011711100		Change	
NAME	MCWAINE, BARBARA	_ *****	NAME				
STREET ADDRESS	6853 CEDAR RIDGE DRIVE		STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32526		CITY-ST-ZIP				
TITLE	DV	☐ Delete	TITLE		Ц	Change	
NAME Street Address	FEACHER, DARREN 861 BELAIR ROAD		NAME STREET ADDRESS			ļ	
CITY-ST-ZIP	PENSACOLA FL 32505	ماني د بيناهم	CITY-ST-ZIP		and the second of the second		
DTLE	DS	: Delete	TITLE			Change	
NAME	ROBERTS-LEATHERWOOD, KA	NIKA .	NAME				
STREET ADDRESS	423 WEST CLAY STREET	*	STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32505	7/	· CITY-ST-ZIP				
TITLE	DT OPERANZO ONEDDY	☐ Delete	TITLE			Change	
NAME STREET ADDRESS	SPERANZO, SHERRY   8608 EIGHT MILE CREEK ROAL	`	NAME STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32526	,	CITY-ST-ZIP				
TITLE	I LHONOULN I L 32320	□ Delete	TITLE			Change	
NAME		L_1 Detete	NAME				
STREET ADDRESS			STREET ADDRESS			J	
CITY-ST-ZIP	,	,	CITY-ST-ZIP			ļ	
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STREET ADDRESS			STREET ADDRESS	-			
CITY-ST-ZIP	1		CITY-ST-ZIP			Į	

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 changed, or on an attachment with an address, with all ather like empowered.

3/26/03

(850) 941-2587