

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04568

1. Entity Name

VERO BEACH HIGH SCHOOL SWIM TEAM BOOSTERS, INC.

Principal Place of Business

C/O RICHARD DEES
1290 40TH AVE S.W.
VERO BEACH FL 32968
US

Mailing Address

133 38TH COURT
VERO BEACH FL 32968-2452
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2503436

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DEES, RICHARD
1290 40TH AVE S.W.
VERO BEACH FL 32968

Name Tom Burgess

Street Address (P.O. Box Number is Not Acceptable)

685 41st Ave.

City Vero Beach

FL

Zip Code 32968

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

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME DEES, RICHARD
STREET ADDRESS 1290 40TH AVE S.W.
CITY-ST-ZIP VERO BEACH FL 32968 ☒ Delete

TITLE PD
NAME Tom Burgess
STREET ADDRESS 685 41st Ave
CITY-ST-ZIP Vero Beach FL 32968 ☒ Change ☐ Addition

TITLE VTD
NAME KOZIEL, ELAINE
STREET ADDRESS 133 38TH COURT
CITY-ST-ZIP VERO BEACH FL 32968 ☐ Delete

TITLE VD
NAME Marianne Day
STREET ADDRESS 3195 4th Place
CITY-ST-ZIP Vero Beach FL 32968 ☒ Change ☐ Addition

TITLE SD
NAME THORNTON, THOMAS
STREET ADDRESS 875 51ST AVENUE
CITY-ST-ZIP VERO BEACH FL 32966 ☒ Delete

TITLE SD
NAME Mary Lou Zoda Patti Zoda
STREET ADDRESS 285 32nd Ct SW
CITY-ST-ZIP Vero Beach FL ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90055 006 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)