

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04568

1. Entity Name

VERO BEACH HIGH SCHOOL SWIM TEAM BOOSTERS, INC.

FILED

May 03, 2002 8:00 am  
Secretary of State

05-03-2002 90167 045 \*\*\*\*61.25

Principal Place of Business

Mailing Address

~~C/O TOM BURGESS~~  
~~685-41ST AVENUE~~  
~~VERO BEACH FL 32968~~  
~~US~~

~~139 38TH COURT~~  
~~VERO BEACH FL 32968~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

*Vero Beach HS Swimming Boosters*  
C/o Katherine Shippee  
Suite, Apt. #, etc.  
3019 Golfview Dr

*Vero Beach HS Swimming Boosters*  
C/o Katherine Shippee  
Suite, Apt. #, etc.  
3019 Golfview Dr

City & State

City & State

Vero Beach FL

Vero Beach FL

Zip  
32960

Country  
Ind River

Zip  
32960

Country  
Indian River



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2503436

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

BURGESS, TOM  
685-41ST AVE  
VERO BEACH FL 32968

Name Katherine C. Shippee

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

3019 Golfview Dr

City Vero Beach

FL

Zip Code 32960

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

*Katherine C Shippee*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-02

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 BURGESS, TOM ☒ Delete  
STREET ADDRESS 685-41ST AVE  
CITY-ST-ZIP VERO BEACH FL 32968

TITLE PD ☒ Change ☒ Addition  
NAME Shippee, Kat  
STREET ADDRESS 3019 Golfview Dr.  
CITY-ST-ZIP Vero Beach, Fla. 32960

TITLE VD ☐ Delete  
NAME DAY, MARIANNE  
STREET ADDRESS 3195-4TH PL  
CITY-ST-ZIP VERO BEACH FL 32968

TITLE Ferguson, Scott ☒ Change ☒ Addition  
NAME 2440 3rd St SW  
STREET ADDRESS Vero Beach, FL 32968  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME ZODA, PATTI  
STREET ADDRESS 285-32ND CT  
CITY-ST-ZIP VERO BCH FL

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

TITLE MT ☐ Delete  
NAME HIGGINS, CLAIRE  
STREET ADDRESS 9880 48TH AVENUE  
CITY-ST-ZIP VERO BEACH FL

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

TITLE ☐ Delete  
NAME Ferguson, Scott  
STREET ADDRESS 2440 3rd St SW  
CITY-ST-ZIP Vero Beach FL 32968

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Katherine C Shippee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-02 (772) 794-0009

Date

Daytime Phone #

CR2E037 (9/01)