

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90280 021 ****61.25

DOCUMENT # N04568

1. Entity Name

VERO BEACH HIGH SCHOOL SWIM TEAM BOOSTERS, INC.



Principal Place of Business

**C/O KATHERINE SHIPPEE
3019 GOLFVIEW DRIVE
VERO BEACH FL 32960
US**

Mailing Address

**C/O KATHERINE SHIPPEE
3019 GOLFVIEW DRIVE
VERO BEACH FL 32960
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**SHIPPEE, KATHERINE C
3019 GOLFVIEW DRIVE
VERO BEACH FL 32960**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Katherine C. Shippee

4-21-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHIPPEE, KATHERINE	
STREET ADDRESS	3019 GOLFVIEW DRIVE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DAY, MARIANNE	
STREET ADDRESS	3195- 4TH PL	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FERGUSON, SCOTT	
STREET ADDRESS	2490 THIRD STREET SW	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	MT	<input checked="" type="checkbox"/> Delete
NAME	HIGGINS, CLAIRE	
STREET ADDRESS	9880 48TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jackie Sparks	
STREET ADDRESS	2386 30 Ave SW	
CITY-ST-ZIP	VERO BEACH, FLA. 32968	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa Ferguson	
STREET ADDRESS	2940 SW 8 STR	
CITY-ST-ZIP	VERO BEACH, FLA. 32968	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* **4-21-03**
772 794-0009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (10/02)