2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # **N10202**

1. Entity Name
THE SEMINOLE WARHAWK BAND AIDES BOOSTERS, INC.

Principal Place of Business	Mailing Address
8401 131ST STREET NORTH	8401 131ST STREET NORTH
SEMINOLE FL	SEMINOLE FL
33776 US	33776 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2693916** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARRETT CHRISTINE S
12104 99TH AVENUE NORTH
SEMINOLE FL
33772

7. Name and Address of New Registered Agent

Name
MULLINS SUZAN B
Street Address (P.O. Box Number is Not Acceptable)
9283 123RD WAY NORTH
City SEMINOLE **FL** Zip Code 33772

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 **SUZAN B MULLINS** **04/30/2001**
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE	TD	☐ Delete	TITLE	TD	☒ Change ☐ Addition
NAME	GARRETT CHRISTINE		NAME	HEISER JILL	
STREET ADDRESS	12104 99TH AVE N		STREET ADDRESS	13870 80TH AVE NORTH	
CITY-ST-ZIP	SEMINOLE FL 33772		CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	TD	☐ Delete	TITLE	TD	☒ Change ☐ Addition
NAME	VOYVODICH TED		NAME	SAVKO SHARON	
STREET ADDRESS	11444 76TH AVE N		STREET ADDRESS	7701 137TH ST NORTH	
CITY-ST-ZIP	SEMINOLE FL 33772		CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	VD	☐ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	ADAMS JOYCE		NAME	PILKINGTON CAROL	
STREET ADDRESS	14783 SEMINOLE TRAIL		STREET ADDRESS	9993 LAKE SEMINOLE DR	
CITY-ST-ZIP	SEMINOLE FL 33776		CITY-ST-ZIP	SEMINOLE FL 33773	
TITLE	VD	☐ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	MULLINS SUZAN		NAME	BRUCKLER JACKIE	
STREET ADDRESS	9283 123RD WAY NORTH		STREET ADDRESS	9155 79TH AVE NORTH	
CITY-ST-ZIP	SEMINOLE FL 33772		CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DIETEL RIK		NAME		
STREET ADDRESS	14147 81ST AVENUE NORTH		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 33776		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	GARRETT CHRISTINE		NAME	MULLINS SUZAN B	
STREET ADDRESS	12104 99TH AVENUE NORTH		STREET ADDRESS	9283 123RD WAY NORTH	
CITY-ST-ZIP	SEMINOLE FL 33772		CITY-ST-ZIP	SEMINOLE FL 33772	

CR2E037 (11/00)

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: SUZAN B MULLINS PD 04/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #