

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-18-2002 90431 007 ****70.00

DOCUMENT # N11911

1. Entity Name

BOCA CIEGA HIGH SCHOOL ACTIVITIES BOOSTER CLUB, INC.

Principal Place of Business

Mailing Address

924 58TH STREET SOUTH
 ST. PETERSBURG FL 33707

924 58TH STREET SOUTH
 ST. PETERSBURG FL 33707

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 **59-2652119**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAONESSA, BARBARA M
924 58TH STREET SOUTH
ST. PETERSBURG FL 33707

Name **PATRICIA A. HAVER**
 Street Address (P.O. Box Number is Not Acceptable)
924 58th St. S.
Gulfport, FL 33707
 City **GULFPORT** FL Zip Code **33707**

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 Patricia A. Haver

Patricia Haver

4-4-02

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** ☒ Delete
 NAME **PAONESSA, BARBARA**
 STREET ADDRESS **924 58TH ST. S.**
 CITY-ST-ZIP **GULFPORT FL 33707**

TITLE **PD** ☒ Change ☐ Addition
 NAME **JEAN GORDON**
 STREET ADDRESS **924 58th St. S.**
 CITY-ST-ZIP **Gulfport, FL 33707**

TITLE **VPD** ☒ Delete
 NAME **SHUMAN, RANDY**
 STREET ADDRESS **924 58TH ST.**
 CITY-ST-ZIP **GULFPORT FL 33707**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **MARY DRAYTON**
 STREET ADDRESS **924 58th St. S.**
 CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE **STD** ☒ Delete
 NAME **MEDICI, ROBERT A JR**
 STREET ADDRESS **924 58TH ST. S.**
 CITY-ST-ZIP **GULFPORT FL 33707**

TITLE **STD** ☒ Change ☐ Addition
 NAME **JACK BARBER**
 STREET ADDRESS **924 58th St. S.**
 CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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 of 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN P. GORDON

4-8-02

893-2780

Patricia A. Haver

4-4-02

893-2780

Date

Daytime Phone #

CR2E037 (9/01)