

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18025

1. Entity Name

TRINITY AQUATIC'S TEAM BOOSTER CLUB, INC.

Principal Place of Business

P O BOX 4373  
WINTER PARK FL 32793  
US

Mailing Address

P O BOX 4373  
WINTER PARK FL 32793-4373  
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

59-2788448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MICHELSON, STUART  
2902 OAK BLUFF WAY  
OVIEDO FL 32765

7. Name and Address of New Registered Agent

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.

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

TITLE DP  
NAME BEAR, MARY  
STREET ADDRESS 3810 KINSLEY PLACE  
CITY-ST-ZIP WINTER PARK FL 32792

☒ Delete

TITLE DV  
NAME SHINN, JANE  
STREET ADDRESS 1420 ELIZABETH DRIVE  
CITY-ST-ZIP WINTER SPRINGS FL 32789

☐ Delete

TITLE DT  
NAME STUART, MICHELSON  
STREET ADDRESS 2902 OAK BLUFF WAY  
CITY-ST-ZIP OVIEDO FL 32765

☒ Delete

TITLE DS  
NAME MIARS, ELLEN  
STREET ADDRESS 1320 CASA PARK CIRCLE  
CITY-ST-ZIP WINTER SPRINGS FL 32708

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP  
NAME Gordon, Charles  
STREET ADDRESS 720 Virginia Dr.  
CITY-ST-ZIP Winter Park, FL 32789 ☐ Change ☒ Addition

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

TITLE DT  
NAME Cassidy, Drew  
STREET ADDRESS 455 N. Interlachen Ave.  
CITY-ST-ZIP Winter Park, FL 32789 ☐ Change ☒ Addition

TITLE DS  
NAME Gerscovich, Katherine  
STREET ADDRESS 1185 Coachwood Ct.  
CITY-ST-ZIP Longwood, FL 32779 ☐ Change ☒ Addition

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

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 of Charles E. Gordon)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00

Date

407 740 7946

Daytime Phone #

CR2E037 (9/99)