

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90121 013 ****61.25

DOCUMENT # N18095

1. Entity Name

BOCA CIEGA HIGH SCHOOL ALUMNI ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**6144 10 AVE S
 GULFPORT FL 33707-0157**

**6144 10 AVE S
 GULFPORT FL 33707-0157**

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

59-2738528

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

**PAONESSA, BARBARA M.
 924 58TH STREET SOUTH
 GULFPORT FL 33707**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD JONES, PIPER T.	<input type="checkbox"/> Delete
STREET ADDRESS	7800 PAR AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE NAME	TD VAN ALSTYNE, KEN	<input type="checkbox"/> Delete
STREET ADDRESS	8950 PARK BLVD., #307	
CITY-ST-ZIP	SEMINOLE FL	
TITLE NAME	VD HODGES, PAUL S.	<input type="checkbox"/> Delete
STREET ADDRESS	S. BELCHER RD S #115	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE NAME	SD LANNING, PAMELA S.	<input type="checkbox"/> Delete
STREET ADDRESS	6144 10 AVE S	
CITY-ST-ZIP	GULFPORT FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Paul S. Hodges **PAUL S. HODGES** TREAS 17 APR 02 727 4615824

CR2E037 (9/01)