

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22533

1. Entity Name

BLOOMINGDALE SENIOR HIGH SCHOOL ATHLETIC BOOSTER

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90045 039 ****70.00

Principal Place of Business C/O DAVIS.BARRY 1700 BLOOMINGDALE AVE. E. VALRICO FL 33594-6220 US	Mailing Address C/O DAVIS.BARRY 1700 BLOOMINGDALE AVE. E. VALRICO FL 33594-6220 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2836461	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, BARRY
1700 E. BLOMINGDALE AVE.
VALRICO FL 33594

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 *Barry Davis* DATE **5-25-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MADISON, CHARLES 1700 BLOOMINGDALE AVE E VALRICO FL 33594-6220 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DOSS, HOWARD 1700 BLOOMINGDALE AVE E VALRICO FL 33594-6220 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GESELL, ELLEN 1700 BLOOMINGDALE AVE E VALRICO FL 33594-6220 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Phyllis Chew 1700 Bloomingdale Ave. E Valrico, Fl. 33594-6220 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Lisa Martinez 1700. Bloomingdale Ave. E Valrico, Fl. 33594-6220 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Melanie Stump 1700 Bloomingdale Ave. E Valrico, Fl. 33594-6220 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Cathy Belton 1700. Bloomingdale Ave. E Valrico, Fl. 33594-6220 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barry Davis 1700 Bloomingdale Ave. E Valrico, Fl. 33594-6220 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Barry Davis* DATE: **5-25-00** (888) 744-8018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)