

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
 05-17-2001 90391 050 ****61.25

DOCUMENT # N22533

1. Entity Name

BLOOMINGDALE SENIOR HIGH SCHOOL ATHLETIC BOOSTER

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

80056601



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Bloomingtondale High School

3. Mailing Address

1700 Bloomingtondale Ave. E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Valrico, FL

4. FEI Number

59-2836461

Applied For

Not Applicable

Zip

Country

Zip

Country

33594

USA

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

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

Name

Same As Current

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]

Barry Davis

4/20/01

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	<input type="checkbox"/> Delete
NAME	CHEW, PHYLLIS	
STREET ADDRESS	1700 BLOOMINGDALE AVE E	
CITY-ST-ZIP	VALRICO FL 33594-6220	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARTINEZ, LISA	
STREET ADDRESS	1700 BLOOMINGDALE AVE E	
CITY-ST-ZIP	VALRICO FL 33594-6220	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STUMP, MELANIE	
STREET ADDRESS	1700 BLOOMINGDALE AVE E	
CITY-ST-ZIP	VALRICO FL 33594-6220	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BELTON, CATHY	
STREET ADDRESS	1700 BLOMMINGDALE AVE E	
CITY-ST-ZIP	VALRICO FL 33594-6220	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, BARRY	
STREET ADDRESS	1700 BLOOMINGDALE AVE E	
CITY-ST-ZIP	VALRICO FL 33599-6220	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISA MARTINEZ	
STREET ADDRESS	Same	
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCH COLLINS	
STREET ADDRESS	Same	
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYRNA CUMMINS	
STREET ADDRESS	Same	
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATY HOLLOWAY	
STREET ADDRESS	Same	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 REQUIRED**

4/30/01 (813)657-8064

CR2E037 (10/00)