

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90433 035 \*\*\*\*61.25

**DOCUMENT # N23604**

1. Entity Name

**WESTERN QUARTERBACK BOOSTER CLUB, INC.**

Principal Place of Business

Mailing Address

1200 SW 136TH AVE  
 WESTERN HIGH SCHOOL  
 FT. LAUDERDALE FL 33325  
 US

1200 SW 136TH AVE  
 WESTERN HIGH SCHOOL  
 FT. LAUDERDALE FL 33325-4304  
 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

**65-0033718**

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

**DEBORAH, MARSHALL**  
**3001 WEST ROLLING HILLS CIRCLE #702**  
**DAVIE FL 33628**

Name **TAMRA ALFANO**

Street Address (P.O. Box Number is Not Acceptable)

**740 SW 134 Way**

City **DAVIE**

FL

Zip **33325**

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  Delete  
 NAME **DO HINSON, AL**  
 STREET ADDRESS **3001 WEST ROLLING HILLS CIRCLE #702**  
 CITY-ST-ZIP **DAVIE, FL 33328**

TITLE  Change  Addition  
 NAME **Van Baugh**  
 STREET ADDRESS **13915 SW 36th**  
 CITY-ST-ZIP **DAVIE FL 33330**

TITLE  Delete  
 NAME **DNP MILLER, KEN**  
 STREET ADDRESS **5721 SOUTHWEST 164TH TERRACE**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33331**

TITLE  Change  Addition  
 NAME **Vice President Janet Myers**  
 STREET ADDRESS **5051 SW 18th AVE**  
 CITY-ST-ZIP **FT. LAUDERDALE 33331**

TITLE  Delete  
 NAME **DS JAPP, JAMIE**  
 STREET ADDRESS **5411 SOUTHWEST 96TH LANE**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33332**

TITLE  Change  Addition  
 NAME **Secretary Janice Japp**  
 STREET ADDRESS **5411 SW 196th Lane**  
 CITY-ST-ZIP **Ft. Laud, FL 33332**

TITLE  Delete  
 NAME **DT MARSHALL, DEBORAH**  
 STREET ADDRESS **3001 WEST ROLLING HILLS CIRCLE #702**  
 CITY-ST-ZIP **DAVIE FL 33328**

TITLE  Change  Addition  
 NAME **Treasurer Tamra Alfano**  
 STREET ADDRESS **740 SW 134 Way**  
 CITY-ST-ZIP **DAVIE, FL 33325**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 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 officer 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/17/00*

CR2E037 (9/99)