

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N23604

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: WESTERN QUARTERBACK BOOSTER CLUB, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

3859 OAK RIDGE CIRCLE
WESTON, FL 33331

New Mailing Address:

FEI Number: 65-0033718 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALADRIGAS, ROSE
6260 GAUNTLET HALL LANE
DAVIE, FL 33331 US

Name and Address of New Registered Agent:

GUYNES, JOE
3859 OAK RIDGE CIR.
WESTON, FL 33331 US

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: JOE GUYNES

05/01/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GUYNES, JOE
Address: 3589 OAK RIDGE CIR.
City-St-Zip: WESTON, FL 33331

Title: VD () Delete
Name: TOY, JULIE
Address: 4378 LAURA RIDGE CIR.
City-St-Zip: WESTON, FL 33331

Title: SD () Delete
Name: MILLER, ELAINE
Address: 402 S.W. 124TH TERR.
City-St-Zip: DAVIE, FL 33325

Title: T () Delete
Name: SALADRIGAS, ROSE
Address: 6260 GAUNTLET HALL LANE
City-St-Zip: DAVIE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE GUYNES

MR.

05/01/2002

Electronic Signature of Signing Officer or Director

Date