

FILED

Aug 09, 2001 8:00 am  
Secretary of State

05-23-2001 90198 012 \*\*\*\*61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

N23643

1. Entity Name

Buchholz Soccer Boosters, Inc.

Principal Place of Business

Mailing Address

Buchholz High School

2. Principal Place of Business

5510 N.W. 27th Ave

Suite, Apt. #, etc.

3. Mailing Address

10022 S.W. 48th Pl.

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32606

Country

USA

City & State

Gainesville, FL

Zip

32608

Country

USA

4. FFI Number

59-3154465

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Mike Meldrum  
2636 N.W. 68th Ave  
Gainesville, FL 32653

7. Name and Address of New Registered Agent

Name: Lynda M. Bucciarrelli  
Street Address (P.O. Box Number is Not Acceptable): 10022 S.W. 48th Place  
City: Gainesville FL Zip Code: 32608

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

Lynda M. Bucciarrelli Treasurer

4/27/01

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reappointing.

DATE

FILE NOW:

FEE IS \$81.25

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

TITLE	President	<input checked="" type="checkbox"/> Delete
NAME	Meldrum Mike	
STREET ADDRESS	2636 N.W. 68th Ave	
CITY-ST-ZIP	Gainesville FL 32653	
TITLE	Vice President	<input checked="" type="checkbox"/> Delete
NAME	Lawrence Barbara	
STREET ADDRESS	5803 NW 16th Place	
CITY-ST-ZIP	Gainesville FL 32606	
TITLE	Vice President	<input checked="" type="checkbox"/> Delete
NAME	Davis Buford	
STREET ADDRESS	2111 S.W. 44th Ave.	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	Treasurer	<input checked="" type="checkbox"/> Delete
NAME	DeLoach Billie	
STREET ADDRESS	3850 NW 16th Place	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	Secretary	<input checked="" type="checkbox"/> Delete
NAME	Miller Barbara	
STREET ADDRESS	1421 NW 51st Terr	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President - Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hastings George	
STREET ADDRESS	1116 N.W. 40th Terr	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	Vice President - Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Surrency Susan	
STREET ADDRESS	5645 S.W. 88th Court	
CITY-ST-ZIP	Gainesville FL 32608	
TITLE	Vice President - Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sausaman Jeff	
STREET ADDRESS	8518 S.W. 21st Lane	
CITY-ST-ZIP	Gainesville FL 32607	
TITLE	Treasurer - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bucciarrelli Lynda	
STREET ADDRESS	10022 S.W. 48th Place	
CITY-ST-ZIP	Gainesville FL 32608	
TITLE	Secretary - Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nappy Virginia	
STREET ADDRESS	11303 S.W. 10th Lane	
CITY-ST-ZIP	Gainesville, FL 32607	
TITLE	Secretary - Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Riley Denise	
STREET ADDRESS	8890 S.W. 45th Blvd.	
CITY-ST-ZIP	Gainesville FL 32608	

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

Lynda M. Bucciarrelli Lynda M. Bucciarrelli 4/27/01 373-3677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

*Attachment  
# N23645  
11683*

**Buchholz Soccer Boosters, Inc.  
10022 SW 48<sup>th</sup> Place  
Gainesville, FL 32608**

August 3, 2001

Florida Department of State  
Katerine Harris  
Secretary of State

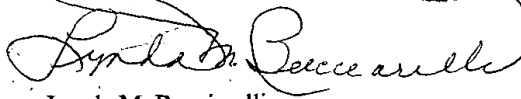
Reference no. N23645

To whom it may concern:

Please be advised that your letter of June 5, 2001 was received by me, Lynda Bucciarelli, for the first time today August 3, 2001. It was forwarded to me by a soccer coach who found this in his box at school. It was clearly indicated on the form I filled out that the mailing address was 10022 SW 48<sup>th</sup> Place, Gainesville, FL 32608. Since you choose to ignore this fact this letter has sat in a cubby at school for two months. I had to had fill out the initial application because the renewal form never was never received by the school or me. When I ask for the form to be sent to me, no instructions came with the form which said I had to call our officers trustees or directors. So, I call them by their official title according to our organization. Since this booster club changes hands every year it would be impossible to have papers from twenty years ago when we initially filed for incorporation to know I had to call people directors and trustees instead of president, vice-president etc.

Enclosed is the copy of the original paper I filed along with the name trustee or director next to each name! I hope this satisfies your requirements. Next time **THINK** before you return a form. And return it to the place it says is the mailing address. Perhaps then things would get filed in due time.

Sincerely,



Lynda M. Bucciarelli  
Treasurer and Director  
Buchholz Soccer Boosters, Inc.