

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90017 028 ****61.25

DOCUMENT # N25125

1. Entity Name

FOREST HIGH SCHOOL ACADEMIC BOOSTERS CLUB, INC.

Principal Place of Business

Mailing Address

1614 SE A. KING ST
 OCALA FL 34471
 US

4026 SE 17 PL
 OCALA FL 34471-5603
 US

2. Principal Place of Business

3. Mailing Address

1614 S.E. Ft. King St.
 Suite, Apt. #, etc.

4026 S.E. 17th Place
 Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Ocala, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

34471

Marion

Zip

Country

34471

Marion

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

PIETRAS, MARY JANE
 4026 SE 17 PL
 OCALA FL 34471

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

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 ☐ Delete
 NAME JOHNSON, KATHY
 STREET ADDRESS 1103 SE 49 AVE
 CITY-ST-ZIP OCALA FL 34471

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD ☒ Delete
 NAME KIRK, NANCY
 STREET ADDRESS 1124 SE 7 ST
 CITY-ST-ZIP OCALA FL 34471

TITLE VPD ☒ Change ☐ Addition
 NAME Teresa Reed
 STREET ADDRESS 5500 S.E. 8th St.
 CITY-ST-ZIP Ocala, FL 34471

TITLE SD ☐ Delete
 NAME BLACK, ANNA
 STREET ADDRESS 1329 SE 15 ST
 CITY-ST-ZIP OCALA FL 34471

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD ☐ Delete
 NAME PIETRAS, MARY JANE
 STREET ADDRESS 4026 SE 17 PL
 CITY-ST-ZIP OCALA FL

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

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/00 352-694-5397