## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 30, 2001 8:00 am <sup>3</sup> Secretary of State **DOCUMENT # N25125** 1. Entity Name FOREST HIGH SCHOOL ACADEMIC BOOSTERS CLUB, INC. 04-30-2001 90375 014 \*\*\*\*61.25 Principal Place of Business Mailing Address 1614 SE FORT KING ST 4026 SE 17 PL UUUUUU~~ OCALA FL 34471 OCALA FL 34471 US HS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Citv Applied For State 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired arion Fee Required arion 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PIETRAS, MARY JANE 4026 SE 17 PL SE **OCALA FL 34471** City 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. Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25

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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	√ Delete	TITLE	PD,		Change	☐ Addition
NAME	JOHNSON, KATHY	<b>*</b>	NAME	Trudy O'	Connell	/ -	
STREET ADDRESS	1103 SE 49 AVE		STREET ADDRESS	4205 SE	5 745 PL		
CITY-ST-ZIP	OCALA FL 34471		CITY-ST-ZIP	Ocala, FL	34471		
TITLE	VPD	<b>⊠</b> Delete	TITLE	1 V P D '		Change	☐ Addition
NAME	REED, TERESA	<b>/</b>	NAME	Ron Nea	lis 36+2 PL	,	
STREET ADDRESS	5500 SE 8TH ST		STREET ADDRESS	3071 SE	36th PL		
CITY-ST-ZIP	OCALA FL 34471		CITY-ST-ZIP	Ocala FL	34471		
TITLE	SD	Delete Delete	TITLE	81		Change =	* Addition
NAME	BLACK, ANNA	,-	NAME	Patti Bai	rnett ch	/	
STREET ADDRESS	1329 SE 15 ST		STREET ADDRESS	600 SE	35 13 37.		
CITY-ST-ZIP	OCALA FL 34471		CITY-ST-ZIP	Ocala, F.	L 34471		
TITLE	TD	🔀 Delete	TITLE	TD	ΔΔ.	Change	Addition
NAME	PIETRAS, MARY JANE	,	NAME	Dane Gr	i ffin	/	
STREET ADDRESS	4026 SE 17 PL		STREET ADDRESS	1528 SE	14+9 AVC		
CITY-ST-ZIP	OCALA FL		CITY-ST-ZIP	Ocala FA	- 34471		
TITLE		☐ Delete	TITLE			Change	Addition
NAME			NAME		•		Į
STREET ADDRESS			STREET ADDRESS	ļ			}
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TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				}
STREET ADDRESS			STREET ADDRESS	1			
CITY-ST-ZIP			CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filling 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

SIGNATURE: