

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

1/1

01-15-2003 90288 008 ****61.25

DOCUMENT # N25125

1. Entity Name

FOREST HIGH SCHOOL ACADEMIC BOOSTERS CLUB, INC.



Principal Place of Business

1614 SE FORT KING ST
OCALA FL 34471
US

Mailing Address

1528 SE 14TH AVE
OCALA FL 34471
US

55005359



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent

GRIFFIN, DANE
1528 SE 14TH AVE
OCALA FL 34471

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee is 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	O'CONNELL, TRUDY	
STREET ADDRESS	4205 SE 7TH PL	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	NEALIS, RON	
STREET ADDRESS	3071 SE 36TH PL	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BARNETT, PATTI	
STREET ADDRESS	600 SE 35TH ST.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GRIFFIN, DANE	
STREET ADDRESS	1528 SE 14TH AVE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY B. DENOMAN	
STREET ADDRESS	4431 SE 20 ST.	
CITY-ST-ZIP	OCALA, FL. 34471	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARLA K. McELHANEY	
STREET ADDRESS	5450 SE 17 ST.	
CITY-ST-ZIP	OCALA, FL. 34471	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIMBERLY A. McCLANE	
STREET ADDRESS	81 PECAN COURSE RUN	
CITY-ST-ZIP	OCALA, FL. 34472	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03

Date

352-732-7105

Daytime Phone #

CR2E037 (10/02)