

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90156 029 ****61.25

DOCUMENT # N27608

1. Entity Name
SEMINOLE BOOSTERS OF INDIAN RIVER, INC.



Principal Place of Business

P.O. BOX 7304
VERO BEACH FL 32961

Mailing Address

P.O. BOX 7304
VERO BEACH FL 32961

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0055529**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

SWORDS, KEVIN
4765 8TH PL
VERO BEACH FL 32766

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 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHLITT, JEFF	
STREET ADDRESS	1364 33RD AVENUE S W	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	P	<input type="checkbox"/> Delete
NAME	SWORDS, KEVIN	
STREET ADDRESS	4765 8TH PLACE	
CITY-ST-ZIP	VERO BCH. FL 32966	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KYSER, OWEN	
STREET ADDRESS	4380 2ND SQ SW	
CITY-ST-ZIP	VERO BEACH FL 32988	
TITLE	D	<input type="checkbox"/> Delete
NAME	YENCHO, JOHN	
STREET ADDRESS	1844 26TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	S	<input type="checkbox"/> Delete
NAME	SWORDS, CAROLYN	
STREET ADDRESS	4765 8TH PL	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	D	<input type="checkbox"/> Delete
NAME	STANTON, LINK	
STREET ADDRESS	316 19TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32962	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREASURER
STREET ADDRESS	SWORDS, KEVIN
CITY-ST-ZIP	4765 8TH PLACE
	VERO BEACH, FL 32966
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	
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: **STANTON, LINK**

4/15/03

CR2E037 (10/02)