

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34391

1. Entity Name

MULBERRY HIGH SCHOOL ACADEMIC BOOSTER CLUB, INC.

Principal Place of Business

C/O CHARLES L. CARLTON
2120 LAKELAND HILLS BLVD.
LAKELAND FL 33805

Mailing Address

C/O CHARLES L. CARLTON
2120 LAKELAND HILLS BLVD.
LAKELAND FL 33805

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

59-2935132

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WINELAND, JUDY
ONE PANTHER PLACE
MULBERRY FL 33860

7. Name and Address of New Registered Agent

Name
c/o Judy Wineland

Street Address (P.O. Box Number is Not Acceptable)
One Panther Place

City
Mulberry

FL

Zip Code
33860

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]

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

TITLE ~~XXX~~ ☒ Delete
NAME ~~GIBSON, MARK~~
STREET ADDRESS ~~1600 CALHOUN ROAD S~~
CITY-ST-ZIP ~~PLANT CITY FL 33567~~

TITLE ☐ Delete
NAME SD
HARDEE, DONZELLA
STREET ADDRESS 20 WILLIAMS STREET
CITY-ST-ZIP MULBERRY FL 33860

TITLE ~~DVP~~ ☒ Delete
NAME ~~GIBSON, MARK~~
STREET ADDRESS ~~1600 CALHOUN ROAD S~~
CITY-ST-ZIP ~~PLANT CITY FL 33567~~

TITLE ☐ Delete
NAME TD
HARTMANN, NANETTE
STREET ADDRESS 6733 POLEY CREEK DRIVE E.
CITY-ST-ZIP LAKELAND FL 33811

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME JUDY WINELAND
STREET ADDRESS 6939 Farris Drive
CITY-ST-ZIP Lakeland, FL 33811

TITLE VD ☒ Change ☐ Addition
NAME Sandra Davis
STREET ADDRESS 6313 Newman Circle W
CITY-ST-ZIP Lakeland, FL 33811

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

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

TITLE ☐ Change ☐ Addition
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 another like empowered.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-01

CR2E037 (10/00)