

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90108 010 \*\*\*\*61.25

**DOCUMENT # N34666**

1. Entity Name

**THOMAS JEFFERSON HIGH SCHOOL ALUMNI ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

JEFFERSON HIGH SCHOOL  
 4423 W CYPRESS  
 TAMPA FL 33602  
 US

120 GOLDENWOOD DR.  
 BRANDON FL 33511  
 US

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

**59-2971684**

Applied For

Not Applicable

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

**PATE, DONALD B**  
**120 GOLDENROD DR.**  
**BRANDON FL 33511**

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 **TD** ☐ Delete  
 NAME **PATE, DONALD B**  
 STREET ADDRESS **120 GOLDENWOOD DR.**  
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE **PD** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☐ Delete  
 NAME **FISHER, CHARLES**  
 STREET ADDRESS **13926 CHERRY CREEK DR.**  
 CITY-ST-ZIP **TAMPA FL 33618**

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

TITLE **SD** ☐ Delete  
 NAME **CAPLINGER, FLORENTINE**  
 STREET ADDRESS **1013 MEADOW LANE**  
 CITY-ST-ZIP **BRANDON FL 33511**

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

TITLE **VD** ☐ Delete  
 NAME **EDELSON, IRVING**  
 STREET ADDRESS **1019 S. ROME AVENUE**  
 CITY-ST-ZIP **TAMPA FL 33606**

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

TITLE **PD** ☒ Delete  
 NAME **PRIDA, ALICE**  
 STREET ADDRESS **1016 W. KENTUCKY AVE**  
 CITY-ST-ZIP **TAMPA FL**

TITLE **TD** ☐ Change ☒ Addition  
 NAME **Manuel Lobato**  
 STREET ADDRESS **3124 Tampa Bay Blvd.**  
 CITY-ST-ZIP **Tampa, FL 33607**

TITLE **SD** ☐ Delete  
 NAME **LEMIEUX, DEE DEE**  
 STREET ADDRESS **14906 BALSWOOD PL.**  
 CITY-ST-ZIP **TAMPA FL 33623**

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:** *Donald B. Pate* **Donald B. Pate**

1-14-02

(813) 681 7172

CR20027 (9/01)