## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N39038** Mar 03, 2000 8:00 am 1. Entity Name Secretary of State LELY ACADEMIC BOOSTERS CLUB, INC. 03-03-2000 90029 045 \*\*\*\*61.25 Principal Place of Business Mailing Address LELY HIGH SCHOOL LELY HIGH SCHOOL #1 LELY H.S. BLVD #1 LELY H.S. BLVD NAPLES FL 34113 NAPLES FL 34113 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0199076 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) PARRISH, MIKE LELY HIGH SCHOOL #1 LELY H.S. BLVD NAPLES FL 34113 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 Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. **X** Addition TITLE Change Delete TITLE PD " Williams NAME NAME PARRISH, MIKE Lelu STREET ADDRESS STREET ADDRESS 340 29TH ST NW CITY-ST-ZIP CITY-ST-ZIP NAPLES FL-34120 Addition ☐ Delete Change TITLE TITLE NAME KOKKINOS, REBECCA NAME STREET ADDRESS STREET ADDRESS 1159 HOLIDAY LN CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104 ☐ Delete Change Addition TITLE TITLE ۷D NAME OWENS, LAURIE NAME STREET ADDRESS STREET ADDRESS 2308 ELIZABETH COURT CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Change ☐ Addition PD ☐ Delete TITLE TITLE NAME NAME MAZORRA, MARIA STREET ADDRESS STREET ADDRESS 921 ROSEA COURT CITY-ST-7IP CITY-ST-ZIP NAPLES FL 34104 Change ☐ Addition TITLE Delete TITLE NAME NAME KELLY, DAN STREET ADDRESS STREET ADDRESS 6823 DARBY CT CITY-ST-7IP CITY-ST-ZIP NAPLES FL 34104 □ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-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

SIGNATURE: KANG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

changed, or on an attachment with an address, with all other like empowered

2/18/00

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Daytime Phone #