

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


FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90093 017 ****61.25

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DOCUMENT # N39038

1. Entity Name
LELY-ACADEMIC-BOOSTERS-CLUB, INC.



Principal Place of Business
**LELY HIGH SCHOOL
#1 LELY H.S. BLVD
NAPLES FL 34113
US**

Mailing Address
**LELY HIGH SCHOOL
#1 LELY H.S. BLVD
NAPLES FL 34113
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **65-0199076**

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WILLIAMS, ERIC
LELY HIGH SCHOOL
#1 LELY H.S. BLVD
NAPLES FL 34113**

7. Name and Address of New Registered Agent
Name **Karen LaPorte**
Street Address (P.O. Box Number is Not Acceptable) **Lely High School
#1 Lely H.S. Blvd**
City **Naples** FL Zip Code **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Karen LaPorte* **Asst. Principal Karen G. LaPorte 9/15/03**

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
After September 10, 2003, min will be \$236.25

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	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, ERIC	
STREET ADDRESS	LELY H S BLVD, #1	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KOKKINOS, REBECCA	
STREET ADDRESS	1159 HOLIDAY LN	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MAZORRA, MARIA	
STREET ADDRESS	921-ROSEA COURT	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KEYES, BETH	
STREET ADDRESS	153 W PAGO PAGO	
CITY-ST-ZIP	NAPLES FL 34113	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen LaPorte	
STREET ADDRESS	Lely High School #1 Lely H.S. Blvd	
CITY-ST-ZIP	Naples, FL 34113	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrea Border	
STREET ADDRESS	4588 Eagle Key Circle	
CITY-ST-ZIP	Naples, FL 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Horton	
STREET ADDRESS	116 Palmetto Dunes Circle	
CITY-ST-ZIP	Naples, FL 34113	
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: *Andrea Border* **Andrea Border 9-2-03 (239) 775-8624**

Signature and typed or printed name of signing officer or director Date

CR2E037 (4/03)