

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39857

1. Entity Name

EASTSIDE HIGH SCHOOL ACADEMIC BOOSTERS CLUB, INC

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90016 037 ****61.25

Principal Place of Business

Mailing Address

% ELLEN R. GERSHOW
2215 NW 24TH AVE
GAINESVILLE FL 32605
US

% ELLEN R. GERSHOW
2215 NW 24TH AVE
GAINESVILLE FL 32605-2941
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3078077

Applied For

Not Applied

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

GERSHOW, ELLEN R
2215 NW 24TH AVE
GAINESVILLE FL 32605

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

Ellen R Gershow, registered agent 1-9-00

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 PD
NAME KALLMAN, LINDA
STREET ADDRESS 2811 NW 58TH BLVD
CITY-ST-ZIP GAINESVILLE FL 32606 ☐ Delete

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

TITLE VPD
NAME MATASAR, SHARON
STREET ADDRESS 3901 SW 98TH TERR
CITY-ST-ZIP GAINESVILLE FL 32608 ☒ Delete

TITLE VPD
NAME Carrie Lee
STREET ADDRESS 171 Turkey Creek
CITY-ST-ZIP Ft. Lauderdale, FL 32615 ☐ Change ☒ Addition

TITLE TD
NAME RAMOS, ROSE
STREET ADDRESS 2500 NW 50TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32605 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Linda G. Kallman

Linda G. Kallman 1/22/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-37663