

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 25, 2001 8:00 am
Secretary of State

03-15-2001 90031 023 ****61.25

DOCUMENT # **N39857** ✓

1. Entity Name

EASTSIDE HIGH SCHOOL ACADEMIC BOOSTERS CLUB, INC.

Principal Place of Business
% **ELLEN R. GERSHOW**
2215 NW 34 Ave.
Gainesville, FL 32605
US

Mailing Address
% **ELLEN R. GERSHOW**
2215 NW 34 Ave.
Gainesville, FL 32605-294

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3078077

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

7. Name and Address of New Registered Agent

Gershow, Ellen R.
2215 NW 24 Ave.
Gainesville, FL 32605

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

Ellen R. Gershow

Feb 29, 2001

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 **2nd VP President**
NAME **Edwards, Nancy D.** ☐ Delete
STREET ADDRESS **5400 NW 39 Ave.**
CITY-ST-ZIP **Gainesville, FL 32606**

TITLE **President**
NAME **Carrie Lee D.** ☐ Delete
STREET ADDRESS **171 Turkey Creek**
CITY-ST-ZIP **Alachua, FL 32615**

TITLE **1st VP President**
NAME **Rose Smith D.** ☐ Delete
STREET ADDRESS **13101 NW 19 PL**
CITY-ST-ZIP **Gainesville, FL 32606**

TITLE **Rose Ramos Treasurer** ☐ Delete **D.**
NAME **2500 NW 50th PL**
STREET ADDRESS **Gainesville, FL 32605**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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
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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:

Carrie Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/01

Date

Daytime Phone #

CR2E037 (11/00)