

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90023 016 \*\*\*\*61.25

**DOCUMENT # N39857**

1. Entity Name

**EASTSIDE HIGH SCHOOL ACADEMIC BOOSTERS CLUB, INC**

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  
 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

**59-3078077**

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

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

Name

**NANCY WILKOV**

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

**1800 N. MAIN ST**

City

**GAINESVILLE**

FL

Zip Code

**32601**

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

**Nancy Wilkov**

**1/29/02**

**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**2VPD  
 EDWARDS, NANCY  
 5400 NW 39 AVE  
 GAINESVILLE FL 32606** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**WILKOV, NANCY T  
 2210 NW 38th DR  
 GAINESVILLE, FL 32605** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD  
 LEE, CARRIE  
 171 TURKEY CREEK  
 ALACHUA FL 32615** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**1VPD  
 SMITH, ROSE  
 13101 NW 19 PL  
 GAINESVILLE FL 32606** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD  
 RAMOS, ROSE  
 2500 NW 50TH PL  
 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

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:

**CARRIE LEE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CARRIE LEE**

**1-27-02 352-317-1387**

Date

Daytime Phone #

CR2E037 (9/01)