

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40472

1. Entity Name

UMATILLA BULLDOG BOOSTERS, INC.

Principal Place of Business

P.O. BOX 1007
UMATILLA FL 32784

Mailing Address

P.O. BOX 1007
UMATILLA FL 32784-1007

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HASLEY, DOUGLAS
276 SOUTH CENTRAL AVE
UMATILLA FL 32784

7. Name and Address of New Registered Agent

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

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

TITLE TD ☒ Delete
NAME PURVIS, KAREN
STREET ADDRESS 51 HIGHLAND AVE
CITY-ST-ZIP UMATILLA FL

TITLE VP ☐ Delete
NAME STONEKING, TEENA
STREET ADDRESS 40440 W. SD AVE.
CITY-ST-ZIP UMATILLA FL 32784

TITLE PD ☐ Delete
NAME HALL, STEVE
STREET ADDRESS 516 GUERRABT ST
CITY-ST-ZIP UMATILLA FL

TITLE SD ☒ Delete
NAME MERRILL, JOY
STREET ADDRESS 40016 W. NINTH AVE.
CITY-ST-ZIP UMATILLA FL 32784

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☐ Change ☒ Addition
NAME GERALDINE KERR P.O. BOX 2531
STREET ADDRESS 19548 TWIN PONDS ROAD
CITY-ST-ZIP UMATILLA, FL 32784

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

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

TITLE SD ☐ Change ☒ Addition
NAME CHARIA FARYNA
STREET ADDRESS 40323 BABB ROAD
CITY-ST-ZIP UMATILLA, FL 32784

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

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Geraldine Kerr Treasurer

1-17-2000

Date

Daytime Phone #

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90017 002 ****61.25

00000000



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3039403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2F037 (9/99)