

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
Jun 02, 2001 8:00 am
Secretary of State

04-26-2001 90134 019 ****61.25

DOCUMENT # N41024

1. Entity Name

FORT MYERS HIGH SCHOOL ACADEMIC BOOSTER CLUB, INC.

Principal Place of Business

Mailing Address

2635 CORTEZ BLVD
 FORT MYERS FL 33901

2635 CORTEZ BLVD
 FORT MYERS FL 33901

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

65-0235436

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

Name

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

City

FL

Zip Code

BROUGHTON, TERRY V.
1705 COLONIAL BLVD
FORT MYERS FL 33907

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	PD	<input type="checkbox"/> Delete
NAME	LEVEQUE, DENISE	
STREET ADDRESS	2947 HOLLY RD	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUMM, SHELLEY	
STREET ADDRESS	2273 DOVER AVE	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAANGAY, ELIZABETH	
STREET ADDRESS	3970 HIDDEN ACRES CIRCLE	
CITY-ST-ZIP	NORTH FORT MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOROVY, LYNNE	
STREET ADDRESS	8661 CAJUPUT COVE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GUIRGUIS, LOFTY	
STREET ADDRESS	116 E. NORTHSORE AVENUE	
CITY-ST-ZIP	FORT MYERS FL 33917	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fran Shahbazian	
STREET ADDRESS	12331 McGregor Palms Dr.	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	V. President D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cathy Weis	
STREET ADDRESS	3825 Maxine St.	
CITY-ST-ZIP	Ft. Myers, FL 33901	
TITLE	Angie York	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	College Hwy	
STREET ADDRESS	Ft. Myers FL 33901	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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, and all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)