

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

0045455

DOCUMENT # N41024

1. Entity Name

FORT MYERS HIGH SCHOOL ACADEMIC BOOSTER CLUB, IN C.

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

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

Name **NANCY B SIZEMORE**

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

4850 SHERRY LANE

City

FORT MYERS

FL

Zip Code

33908

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 *Nancy B. Sizemore*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/27/02

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** ☐ Delete
 NAME **SHAHBAZIAN, FRAN**
 STREET ADDRESS **12331 MCGREGOR PALMS DR.**
 CITY-ST-ZIP **FORT MYERS FL 33908**

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

TITLE **VPD** ☐ Delete
 NAME **WEIS, CATHY**
 STREET ADDRESS **3825 MAXINE ST.**
 CITY-ST-ZIP **FORT MYERS FL 33901**

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

TITLE **D** ☒ Delete
 NAME **VORK, ANGIE**
 STREET ADDRESS **COLKOE PKWY**
 CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **TREAS.** ☒ Change ☒ Addition
 NAME **NANCY B SIZEMORE**
 STREET ADDRESS **4850 SHERRY LANE**
 CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **D** ☒ Delete
 NAME **GOROVOY, LYNNE**
 STREET ADDRESS **8661 CAJUPUT COVE**
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **D** ☒ Change ☐ Addition
 NAME **ROBERT S SIZEMORE**
 STREET ADDRESS **4850 SHERRY LANE**
 CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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: *Robert S. Sizemore* **ROBERT S. SIZEMORE**

2/27/02 9414813330

CR2E037 (9/01)