


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

1/2

01-23-2003 90079 033 ****61.25

DOCUMENT # N41024															
1. Entity Name FORT MYERS HIGH SCHOOL ACADEMIC BOOSTER CLUB, IN C.															
Principal Place of Business 2635 CORTEZ BLVD FORT MYERS FL 33901			Mailing Address 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 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable								
Applied For															
Not Applicable															
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES											
6. Name and Address of Current Registered Agent SIZEMORE, NANCY B 4850 SHERRY LANE FORT MYERS FL 33908			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">15460 Catalpa Cove Lane</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">FL Zip Code</td> </tr> <tr> <td style="padding: 2px;">Ft. Myers</td> <td style="padding: 2px;">33908</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)		15460 Catalpa Cove Lane		City	FL Zip Code	Ft. Myers	33908
Name															
Street Address (P.O. Box Number is Not Acceptable)															
15460 Catalpa Cove Lane															
City	FL Zip Code														
Ft. Myers	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. I am familiar with, and accept the obligations of registered agent.															
SIGNATURE <i>Nancy B. Sizemore</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 1-15-03 <small>(NOTE: Registered Agent signature required when reinstating)</small>												
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State											
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10												
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition										
NAME	SHAHBAZIAN, FRAN		NAME	BETH CAANGAY											
STREET ADDRESS	12331 MCGREGOR PALMS DR.		STREET ADDRESS	2635 CORTEZ BLVD											
CITY-ST-ZIP	FORT MYERS FL 33908		CITY-ST-ZIP	FORT MYERS, FL 33901											
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition										
NAME	WEIS, CATHY		NAME												
STREET ADDRESS	3825 MAXINE ST.		STREET ADDRESS												
CITY-ST-ZIP	FORT MYERS FL 33901		CITY-ST-ZIP												
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition										
NAME	SIZEMORE, NANCY B		NAME												
STREET ADDRESS	4850 SHERRY LANE		STREET ADDRESS	15460 Catalpa Cove Lane											
CITY-ST-ZIP	FORT MYERS FL 33908		CITY-ST-ZIP	Ft. Myers, FL 33908											
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition										
NAME	SIZEMORE, ROBERT S		NAME												
STREET ADDRESS	4850 SHERRY LANE		STREET ADDRESS	15460 Catalpa Cove Lane											
CITY-ST-ZIP	FORT MYERS FL 33908		CITY-ST-ZIP	Ft. Myers, FL 33908											
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition										
NAME			NAME												
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CITY-ST-ZIP			CITY-ST-ZIP												
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NAME			NAME												
STREET ADDRESS			STREET ADDRESS												
CITY-ST-ZIP			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: <i>NANCY B. SIZEMORE</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 1-15-03 Daytime Phone # 239-275-3300												

CR2E037 (10/02)