

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90384 018 \*\*\*\*\*61.25

**DOCUMENT # N42295**

1. Entity Name

**RIDGEWOOD HIGH SCHOOL ATHLETIC BOOSTERS CORPORAT  
ION**



Principal Place of Business

**7650 ORCHID LAKE ROAD  
NEW PORT RICHEY FL 34653-1399**

Mailing Address

**7650 ORCHID LAKE ROAD  
NEW PORT RICHEY FL 34653-1399**

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 **59-3052324**

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

**ANDERS, GARY L  
7650 ORCHID LAKE ROAD  
NEW PORT RICHEY FL 34653-1399**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4-28-03*

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **COPD** ☐ Delete  
NAME **UROCHER, DAVID G** *D*  
STREET ADDRESS **7650 ORCHID LAKE DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

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

TITLE **COVD** ☒ Delete  
NAME **WOOD, MIKE**  
STREET ADDRESS **7650 ORCHID LAKE ROAD**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **COV D** ☒ Change ☐ Addition  
NAME **BARRY BACHUS D**  
STREET ADDRESS **5325 MAHAFFEY DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

TITLE **T** ☐ Delete  
NAME **CARLI, MICHELE A**  
STREET ADDRESS **8304 SPLIT-RAIL LANE**  
CITY-ST-ZIP **HUDSON FL 34667**

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

TITLE **SD** ☐ Delete  
NAME **HORRISON, LINDA** *D*  
STREET ADDRESS **7131 VISTA WAY**  
CITY-ST-ZIP **PORT RICHEY FL 34668**

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

TITLE **COPD** ☐ Delete  
NAME **PRIEST, JAMES** *D*  
STREET ADDRESS **7650 ORCHID LAKE DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

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

TITLE **COV** ☐ Delete  
NAME **GALIZIA, MIKE**  
STREET ADDRESS **7650 ORCHID LAKE ROAD**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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: *[Signature]*

*4-27-03 862-3113*

CR2E037 (10/02)