

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42332

1. Entity Name

MANDARIN HIGH SCHOOL MUSTANGS BOOSTER CLUB, INC.

Principal Place of Business

4831 GREENLAND RD
JACKSONVILLE FL 32258
US

Mailing Address

PO BOX 56802
JACKSONVILLE FL 32241-6802
US

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

59-3052770

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERENS, ARLENE
2533 MICHAELSON WAY
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name McGarvey, Bob
Street Address (P.O. Box Number is Not Acceptable)
10320 Autumn Valley Rd.
City Jacksonville, FL Zip Code 32257

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 Bob McGarvey - President

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	DP	<input checked="" type="checkbox"/> Delete
NAME	BERENS, ARLENE	
STREET ADDRESS	2533 MICHAELSON WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KINSLEY, SUELLEN S	
STREET ADDRESS	12938 MANDARIN RD	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MOODY, MARGARET	
STREET ADDRESS	13021 SILVER OAK DR	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McGarvey, Bob	
STREET ADDRESS	10320 Autumn Valley Rd.	
CITY-ST-ZIP	Jacksonville, FL. 32257	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Banks, Joyce	
STREET ADDRESS	5408 Oxford crest Dr.	
CITY-ST-ZIP	Jacksonville, FL. 32258	
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		
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, with all other like empowered.

SIGNATURE: Suellen S. Kinsley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01

Date

904 268-6699

Daytime Phone #

CR2E037 (10/00)

0012995

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90116 042 ****61.25



DO NOT WRITE IN THIS SPACE