

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42332

1. Entity Name

MANDARIN HIGH SCHOOL MUSTANGS BOOSTER CLUB, INC.

FILED

May 10, 2002 8:00 am
Secretary of State

05-10-2002 90006 026 ****61.25

Principal Place of Business

Mailing Address

4831 GREENLAND RD
JACKSONVILLE FL 32258
US

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

7. Name and Address of New Registered Agent

MCGARVEY, BOB
10320 AUTUMN VALLEY RD
JACKSONVILLE FL 32257

Name Denise Harkins
Street Address (P.O. Box Number is Not Acceptable)
8136 Suffield Ct.

City Jacksonville FL Zip Code 32256

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

President

4/23/02

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME MCGARVEY, BOB ☐ Delete
STREET ADDRESS 10320 AUTUMN VALLEY RD
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE DP
NAME Denise Harkins ☒ Change ☐ Addition
STREET ADDRESS 8136 Suffield Ct.
CITY-ST-ZIP Jacksonville, FL 32256

TITLE DT
NAME KINSLEY, SUELLEN S ☐ Delete
STREET ADDRESS 12938 MANDARIN RD
CITY-ST-ZIP JACKSONVILLE FL 32223

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

TITLE DS
NAME BANKS, JOYCE ☒ Delete
STREET ADDRESS 5408 OXFORD CREST DR
CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE DS
NAME Leslie Knunkle ☒ Change ☐ Addition
STREET ADDRESS 5361 Tilting Oaks Ct. E.
CITY-ST-ZIP Jacksonville, FL 32258

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

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:

Suellen S. Kinsley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Suellen S. Kinsley 4/18/02

Date

Daytime Phone #

904 268-6699

CR2E037 (9/01)