

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44713

1. Entity Name

MARTIN COUNTY SEMINOLE BOOSTERS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90167 014 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
73 SW FLAGLER AVENUE STUART FL 34994	P. O. BOX 170 STUART FL 34995-0170 US

2. Principal Place of Business	3. Mailing Address
Suite 200, 759 S. Federal Hwy	
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Stuart, FL	
Zip	Country
34994	USA

4. FEI Number	Applied For
65-0274776	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent
WAXLER, CAROL S. 73 SW FLAGLER AVENUE STUART FL 34994

7. Name and Address of New Registered Agent
Name Robert J. Thomas
Street Address (P.O. Box Number is Not Acceptable) Suite 200, 759 S. Federal Hwy
City Stuart FL Zip Code 34994

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 Robert J. Thomas Robert J. Thomas 4/25/00
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-----------------------------	---	--

10. OFFICERS AND DIRECTORS	
TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	ISAACS, PAT
STREET ADDRESS	SUITE 200, 759 S FEDERAL HWY
CITY-ST-ZIP	STUART FL 34994
TITLE	PD <input type="checkbox"/> Delete
NAME	MORRIS, TOM
STREET ADDRESS	SUITE 200, 759 S FEDERAL HWY
CITY-ST-ZIP	STUART FL 34994
TITLE	VPD <input type="checkbox"/> Delete
NAME	ALLEN, BOBBY
STREET ADDRESS	759 S FEDERAL HWY, SUITE 200
CITY-ST-ZIP	STUART, FL 34994
TITLE	TD <input type="checkbox"/> Delete
NAME	CONNER, PATRICK
STREET ADDRESS	SUITE 200, 759 S FEDERAL HWY
CITY-ST-ZIP	STUART FL 34994
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allen, Bobby
STREET ADDRESS	759 S. Federal Hwy, Suite 200
CITY-ST-ZIP	Stuart, FL 34994
TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scotter Atkinson
STREET ADDRESS	759 S. Federal Hwy, Suite 200
CITY-ST-ZIP	Stuart, FL 34994
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: Patrick Conner 4/25/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #