

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45439

1. Entity Name

BOOKER HIGH SCHOOL SPORTS BOOSTERS, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90086 043 ****61.25

Principal Place of Business

Mailing Address

3201 N ORANGE AVE
SARASOTA FL 34234

3201 N ORANGE AVE
SARASOTA FL 34234-4744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2450001

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHRISTIANSSEN & DEHNER, P.A.
63 SARASOTA CENTER BLVD
SUITE 107
SARASOTA FL 34240

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.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME ATKINS, FREDD
STREET ADDRESS 1598 29TH ST
CITY-ST-ZIP SARASOTA FL 34234 ☐ Delete

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

TITLE DVP
NAME ROBINSON, WILLIE JR
STREET ADDRESS 3435 WINTON AVE.
CITY-ST-ZIP SARASOTA FL 34234 ☐ Delete

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

TITLE TD
NAME HENSHAW, EUGENE
STREET ADDRESS 901 SWALLOW RUN RD.
CITY-ST-ZIP SARASOTA FL 34240 ☒ Delete

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

TITLE SD
NAME ROBINSON, VICKIE
STREET ADDRESS 2719 36TH AVE. W.
CITY-ST-ZIP SARASOTA FL 34205 ☐ Delete

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

TITLE TD
NAME ALVIS, DEBRA
STREET ADDRESS 6230 MEDICI CT
CITY-ST-ZIP SARASOTA FL ☐ Delete

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:

Debra Alvis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00
Date

923-1484
Daytime Phone #

CR2E037 (9/99)