

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45960

1. Entity Name

DESOTO BULLDOG BOOSTERS, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90066 003 ****61.25

Principal Place of Business

124 WEST OAK ST
ARCADIA FL 34266
US

Mailing Address

P.O. BOX 2904
ARCADIA FL 34265-2904
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0314407

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

WALDRON, E E JR
124 N BREVARD AVENUE
ARCADIA FL 33821

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

TITLE SD ☐ Delete
NAME KIRKPATRICK, JUDY
STREET ADDRESS 23 SEVILLA AVE.
CITY-ST-ZIP ARCADIA FL

TITLE TD ☐ Delete
NAME HACKNEY, BILL
STREET ADDRESS 504 E OAK ST
CITY-ST-ZIP ARCADIA FL

TITLE D ☐ Delete
NAME BILL BENNETT
STREET ADDRESS 321 EAST OAK ST.
CITY-ST-ZIP ARCADIA FL

TITLE PD ☐ Delete
NAME SICA VINCENT
STREET ADDRESS 124 NORTH BREVARD
CITY-ST-ZIP ARCADIA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

William Hackney
WILLIAM HACKNEY
TREASURER

1/28/2000 863-494-6495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #