

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46230

1. Entity Name

H.B. PLANT HIGH SCHOOL CHORUS BOOSTERS CLUB, INC

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90004 002 ****70.00

Principal Place of Business

2415 S HIMES AVE
TAMPA FL 33629

Mailing Address

2415 S HIMES AVE
TAMPA FL 33629

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

59-3095270

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

BERGHOLM, ERIC
2415 S. HIMES AVE.
TAMPA FL 33629

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
After September 12, 2001, min. will be \$236.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	D	YOST, BRUCE	2415 S. HIMES TAMPA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	FOLEY, CON	2722 JETTON AVENUE TAMPA FL	<input checked="" type="checkbox"/>		D	Mimi Betts	710 S. Boulevard Tampa, FL 33606	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	D	MOSLEY, CHERYL	106 S. HABANA, #C TAMPA FL	<input checked="" type="checkbox"/>		TD	Henry Woodroffe	2109 N. Dundee Tampa, FL 33629	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	TD	BENNING, JUDY	2620 MORRISON AVE. TAMPA FL	<input checked="" type="checkbox"/>		D	Suzanne Crosby	3419 S. Virginia Ct. Tampa, FL 33629	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	PD	CONLEY, JANICE	605 MARMORA AVENUE TAMPA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	BRAD, MARA	4311 WATROUS AVENUE TAMPA FL	<input checked="" type="checkbox"/>		VD	Roxanna Chase	3112 W. Cass St. Tampa, FL 33609	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE REQUIRED

9/10/01

813-272-3033

CR2E037 (5/01)