

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N46230**

1. Entity Name

**H.B. PLANT HIGH SCHOOL CHORUS BOOSTERS CLUB, INC****FILED****May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91120 006 \*\*\*\*70.00

Principal Place of Business

Mailing Address

**2415 S HIMES AVE  
TAMPA FL 33629****2415 S HIMES AVE  
TAMPA FL 33629**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3095270**

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

**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**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 ☐ Delete  
NAME **D**  
STREET ADDRESS **YOST, BRUCE**  
CITY-ST-ZIP **2415 S. HIMES  
TAMPA FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BETTS, MIMI**  
CITY-ST-ZIP **710 S BOULEVARD  
TAMPA FL 33606**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **WOODROFFE, HENRY**  
CITY-ST-ZIP **2109 N DUNDEE  
TAMPA FL 33629**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CROSBY, SUZANNE**  
CITY-ST-ZIP **3419 S VIRGINIA CT  
TAMPA FL 33629**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **CONLEY, JANICE**  
CITY-ST-ZIP **605 MARMORA AVENUE  
TAMPA FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **CHASE, ROXANNA**  
CITY-ST-ZIP **3112 W CASS ST  
TAMPA FL 33609**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:

**Signature of (Bruce S. Yost)** **4/29/02** **813-272-3033**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)