

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90024 046 ****61.25

DOCUMENT # N93000002881

1. Entity Name

SOUTH LAKE ATHLETIC BOOSTERS, INC.

Principal Place of Business

**15600 SILVER EAGLE ROAD
 GROVELAND FL 32736
 US**

Mailing Address

**15600 SILVER EAGLE ROAD
 GROVELAND FL 32736
 US**

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

59-3202804

Applied For

Not Applicable

5. Certificate of Status Desired ☐ Additional

\$8.75 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TUCKER, DAVID
 C/O SOUTH LAKE HIGH SCHOOL
 15600 SILVER EAGLE ROAD
 GROVELAND FL 34736**

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 **DP** ☒ Delete
 NAME **COSTRAN, CHARLES H JR.**
 STREET ADDRESS **11645 HELLIE OAKS BEND**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☒ Change ☐ Addition
 NAME **DVP**
 STREET ADDRESS **173 W. OSCEOLA ST.**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Delete
 NAME **DVP**
 STREET ADDRESS **173 W. OSCEOLA ST.**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☒ Change ☐ Addition
 NAME **DVP**
 STREET ADDRESS **173 W. OSCEOLA ST.**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Delete
 NAME **DS**
 STREET ADDRESS **16432 CANDY ST**
 CITY-ST-ZIP **MONTVERDE FL 34756**

TITLE ☐ Change ☐ Addition
 NAME **DS**
 STREET ADDRESS **16432 CANDY ST**
 CITY-ST-ZIP **MONTVERDE FL 34756**

TITLE ☐ Delete
 NAME **Treasure**
 STREET ADDRESS **Susan Thomas**
 CITY-ST-ZIP **15640 Charter Oaks Trail Clermont**

TITLE ☐ Change ☒ Addition
 NAME **Treasure**
 STREET ADDRESS **Susan Thomas**
 CITY-ST-ZIP **15640 Charter Oaks Trail Clermont**

TITLE ☐ Delete
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-2001

352-394-4876

Date

Daytime Phone #

CR2E037 (10/00)