

2002 UNIFORM BUSINESS REPORT (UBR)

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

4. FEI Number

59-3202804

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

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
NAME GAINES, JACK F
STREET ADDRESS 173 W. OSCEOLA ST.
CITY-ST-ZIP CLERMONT FL 34711

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE DS
NAME FIELDS, SANDY
STREET ADDRESS 16432 CANDY ST
CITY-ST-ZIP MONTVERDE FL 34756

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE T
NAME THOMAS, SUSAN
STREET ADDRESS 15640 CHARTER OAKS TRAIL
CITY-ST-ZIP CLERMONT FL 34711

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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:

SOUTH LAKE ATHLETIC BOOSTERS, INC.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90019 003 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)