AMENDED

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

06-26-2002 90071 045 ****70.00
N93000002881

02 JUN 28 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B0125856

DOCUMENT # N93000002881

1. Entity Name
South Lake Athletic Boosters, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15600 Silver Eagle Road Suite, Apt. #, etc.	746 Oak Lane Suite, Apt. #, etc.
City & State: Groveland, FL	City & State: Groveland, FL
Zip: 34736 Country: Lake	Zip: 34736 Country: Lake

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3202804 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Jim HasKinson JR.

Street Address (P.O. Box Number is Not Acceptable): 746 Oak Lane

City: Groveland FL Zip Code: 34736

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] Jim HasKinson JR. President 5-14-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres, + Director Jim HasKinson JR. 746 Oak Lane Groveland, FL 34736
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V-Pres + Director Rob Fairbanks 15502 Catherine Circle Groveland, FL 34736
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T- + Director Linda Jarrell 18515 Weedy Fields Dr. Groveland, FL 34736
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S- + Director Cindy Dawdy 13935 Chatham Rd. Groveland, FL 34736
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Mike Haack 6730 Hunt Road Groveland, FL 34736
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director A. Beau Jarrell 18515 Weedy Fields Dr. Groveland, FL 34736

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Jim HasKinson JR. 5-14-02 352-267-8334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #