

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003029

1. Entity Name

C. LEON KING HIGH SCHOOL ATHLETIC BOOSTER CLUB,

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90041 040 ****61.25

Principal Place of Business

6815 N. 56TH STREET
TAMPA FL 33610

Mailing Address

6815 N. 56TH STREET
TAMPA FL 33610-1921

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-3211258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOOHEY, JACK
6607 MAYBOLE PLACE
TEMPLE TERRACE FL 33617

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	VINING, JUDY	
STREET ADDRESS	6612 HEATHERTON CT	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCORKLE, MARYELLEN	
STREET ADDRESS	6200 FAIRWAY BLVD	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GADDIS, TONY	
STREET ADDRESS	1623 SAND HOLLOW LANE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KIBLER, JOY	
STREET ADDRESS	7804 RIVER RIDGE DRIVE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33637	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALPAUGH, SANDRA	
STREET ADDRESS	622 DOWNS AVENUE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TASTISON, SUE	
STREET ADDRESS	6707 WHITEWAY DR.	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VD
STREET ADDRESS	Toohy, Jack
CITY-ST-ZIP	6607 Maybole Place
	Temple Terrace, FL 33617
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sandra M. Alpaugh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra M. Alpaugh 1/10/2000

DATE

Daytime Phone #

(813) 744-8333

CR2E037 (9/99)