

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003029

1. Entity Name

C. LEON KING HIGH SCHOOL ATHLETIC BOOSTER CLUB.

Principal Place of Business

Mailing Address

6815 N. 56TH STREET  
TAMPA FL 33610

6815 N. 56TH STREET  
TAMPA FL 33610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-3211258

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

TOOHEY, JACK  
6807 MAYBOLE PLACE  
TEMPLE TERRACE FL 33617

Name Thomas G. Long  
Street Address (P.O. Box Number is Not Acceptable)  
6304 Jacqueline Arbor Drive  
City Temple Terrace FL Zip Code 33617

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 X Thomas G. Long

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/24/01  
DATE

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

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 checked="" type="checkbox"/> Delete
NAME	VINING, JUDY	
STREET ADDRESS	6612 HEATHERTON CT	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCCORKLE, MARYELLEN	
STREET ADDRESS	6200 FAIRWAY BLVD	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	VD	<input checked="" 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	TOOHEY, JACK	
STREET ADDRESS	6607 MAYBOLE PLACE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ALPAUGH, SANDRA	
STREET ADDRESS	622 DOWNS AVENUE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Co-President - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Long	
STREET ADDRESS	6304 Jacqueline Arbor Dr.	
CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE	Co-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Schwab - D	
STREET ADDRESS	6303 Jacqueline Arbor Dr.	
CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Larson - D	
STREET ADDRESS	6618 Glencoe Dr.	
CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julie McClung - D	
STREET ADDRESS	6725 Drifting Sands Rd.	
CITY-ST-ZIP	Temple Terrace, FL 33617	
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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/01 (813) 253-2020  
Date Daytime Phone #

FILED  
Sep 12, 2001 8:00 am  
Secretary of State

08-29-2001 90008 030 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)