FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEI

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # N93000003215 1. Entity Name LAKEWOOD HIGH FOOTBALL BOOSTERS, INC. 4-30-2001 90345 007 ****61.25 Principal Place of Business Mailing Address LAKEWOOD HIGH SCHOOL LAKEWOOD HIGH SCHOOL 1400-54 AVE SO 1400-54 AVE SO **UUU44334** ST PETERSBURG FL 33705 ST PETERSBURG FL 33705 2. Principal Place of Business 3. Mailing Address same Lune Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3194001 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Thomas Harms BRUCH, BRIAN G Street Address (P.O. Box Number is Not Acceptable) 3034 HOMESTEAD OAKS DR CLEARWATER FL 34619 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. 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to П Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. President PD TITLE ☐ Delete THOMAS A Harms HALL, JAMES E NAME NAME STREET ADDRESS 157 POMPANO DR SE STREET ADDRESS St Pere 71 CITY-ST-ZIP CITY-ST-ZIP ST PETE FL 33705 vice President H.M. Parker Ja; D۷ ☐ Delete TITLE HARMS, THOMAS A NAME NAME 2165 Blossom Way So. STREET ADDRESS 2651 GRANADA CIR E STREET ADDRESS st Pete 7/ 337/2 CITY-ST-ZIP CITY-ST-7IP ST PETE FL 33712 TREASUREN JOSEE Tħ TITLE ☐ Delete Addition NAME MCGEE, JANICE 5017 400 ST 50. St Pete ZI 3 STREET ADDRESS 5017 40TH ST SO STREET ADDRESS 33711 CITY-ST-7IP CITY-ST-ZIP ST PETE FL 33711 Secator-Just shelter ☐ Delete TITLE ₽1 Change Addition WILLIAMS, BRENDA NAME NAME 1445 Coral Way S. STREET ADDRESS 3864 38TH WAY S STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETE FL 33711 Denny Kollmeyer (Dizecter) Change ☐ Delete Addition 316 Ponce DE Leon DR. DAWIUNS, HARRY REV NAME STREET ADDRESS 3761 52ND AVE S STREET ADDRESS TERRIVERDE ZI 33715 CITY-ST-ZIP CITY-ST-ZIP ST PETE FL 33711 Director D ☐ Delete TITLE TITLE ■ Addition Briun Brugh 3034 Homestead Ocks Dr. CARTER, JOHN A 4860 26 CT SO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 71 34619 **ST PETE FL 33712** Cleanwater 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.