

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N93000003215**

Entity Name

**LAKEWOOD HIGH FOOTBALL BOOSTERS, INC.****FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90111 011 \*\*\*\*61.25

0095780

Principal Place of Business Mailing Address

**LAKEWOOD HIGH SCHOOL**  
**1400-54 AVE SO**  
**ST PETERSBURG FL 33705**  
**US**

**LAKEWOOD HIGH SCHOOL**  
**1400-54 AVE SO**  
**ST PETERSBURG FL 33705**  
**US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3194001** Applied For  
Not Applicable

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

**HARMS, THOMAS A**  
**2651 GRANADA CIR E**  
**SAINT PETERSBURG FL 33712**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

**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	PD	<input type="checkbox"/> Delete
NAME	HARMS, THOMAS A	
STREET ADDRESS	2651 GRANADA CIR E	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PARKER, H M JR	
STREET ADDRESS	2165 BLOSSOM WAY SO	
CITY-ST-ZIP	ST PETE FL 33712	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCGEE, JANICE	
STREET ADDRESS	5017 40TH ST SO	
CITY-ST-ZIP	ST PETE FL 33711	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHELTON, JANET	
STREET ADDRESS	1445 CORAL WAY S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOHLMEYER, DENNY	
STREET ADDRESS	816 PONCE DE LEON DR	
CITY-ST-ZIP	TERRA VERDE FL 33715	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRUCH, BRIAN	
STREET ADDRESS	3034 HOMSTEAD OAKS DR	
CITY-ST-ZIP	CLEARWATER FL 34619	

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	JAY E KAUFFMAN	
STREET ADDRESS	6526 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG, FL 33707	
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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**2/5/02 7273815999**  
Date Daytime Phone #

CR2E037 (9/01)