

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90258 038 ****61.25

0101507

DOCUMENT # N93000003215

1. Entity Name

LAKEWOOD HIGH FOOTBALL BOOSTERS, INC.



Principal Place of Business

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

Mailing Address

**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

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

7. Name and Address of New Registered Agent

Name **JAY E KAUFFMAN**
Street Address (P.O. Box Number is Not Acceptable)
12823 80TH AVE N
City **SEMINOLE** FL Zip Code **33776**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

2/14/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **HARMS, THOMAS A**
STREET ADDRESS **2651 GRANADA CIR E**
CITY-ST-ZIP **SAINT PETERSBURG FL 33712**

TITLE **VP** ☐ Delete
NAME **PARKER, H M JR**
STREET ADDRESS **2165 BLOSSOM WAY SO**
CITY-ST-ZIP **ST PETE FL 33712**

TITLE **T** ☐ Delete
NAME **KAUFFMAN, JAY E**
STREET ADDRESS **6526 CENTRAL AVE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

TITLE **SD** ☒ Delete
NAME **SHELTON, JANET**
STREET ADDRESS **1445 CORAL WAY S**
CITY-ST-ZIP **SAINT PETERSBURG FL 33712**

TITLE **D** ☐ Delete
NAME **BRUCH, BRIAN**
STREET ADDRESS **3034 HOMSTEAD OAKS DR**
CITY-ST-ZIP **CLEARWATER FL 34619**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AD** ☐ Change ☒ Addition
NAME **GREG SEAY, GREG**
STREET ADDRESS **6701 22ND WAY S**
CITY-ST-ZIP **ST PETERSBURG, FL 33712**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

2/14/03

727.381.5995

CR2E037 (10/02)