

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003752

1. Entity Name

DMS PANTHER BOOSTERS, INC.

Principal Place of Business

420 E GIBSON
ARCADIA FL 33821

Mailing Address

420 E GIBSON
ARCADIA FL 34266-4945

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

65-0441152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HRSTKA, ROBERT
13100 BABCOCK AVENUE
PORT CHARLOTTE FL 33953

7. Name and Address of New Registered Agent

Name

Dave Bremer

Street Address (P.O. Box Number is Not Acceptable)

2096 S.E. Hansel Ave.

City

Arcadia

FL

Zip Code
34266

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

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

Dave Bremer

4-13-00

(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 checked="" type="checkbox"/> Delete
NAME	STEMM, MARY	
STREET ADDRESS	1471 N.E. LIVINGSTON STREET	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HARN, DENISE	
STREET ADDRESS	2494 S. E. WEST FARMS ROAD	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PEPPER, ANN	
STREET ADDRESS	1533 NO. ARCADIA AVENUE	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEITER, MARGO	
STREET ADDRESS	1345 SE AIRPORT RD	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HRSTKA, BOB	
STREET ADDRESS	13100 BABCOCK AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harn, Denise	
STREET ADDRESS	2494 S.E. West Farms Road	
CITY-ST-ZIP	Arcadia, FL 34266	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Iverson, Sheila	
STREET ADDRESS	3836 N.E. Masters Road	
CITY-ST-ZIP	Arcadia, FL 34266	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lawrence, Cassie	
STREET ADDRESS	6752 S.E. Nichols Street	
CITY-ST-ZIP	Arcadia, FL 34266	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bremer, Dave	
STREET ADDRESS	2096 S.E. Hansel Avenue	
CITY-ST-ZIP	Arcadia, FL 34266	
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:

Margo Leiter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-00

Date

Daytime Phone #

CR2E037 19/99