

2000 UNIFORM BUSINESS REPORT (UBR)

6/

FILED
Jul 05, 2000 8:00 am
Secretary of State

06-02-2000 90019 017 ****61.25

DOCUMENT # N93000005385

1. Entity Name

WILLISTON HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC

Principal Place of Business

Mailing Address

427 W NOBLE AVE
 WILLISTON FL 32696
 US

PO BOX 836
 WILLISTON FL 32696-0836
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3243368

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLDER, SHARON
 2250 NE 175TH AVE
 WILLISTON FL 32696

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

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

(NOTE: Registered Agent signature... filed 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PO	MACK, GARY	17851 NE 25TH ST	WILLISTON FL 32696	<input type="checkbox"/> "D"
VD	HOBBY, EMILY	15720 S W 191ST AVE	WILLISTON FL 32696	<input checked="" type="checkbox"/> Delete
SD	MELTON, SHEILA	612 N.E. 10TH BLVD	WILLISTON FL 32696	<input checked="" type="checkbox"/> Delete
TD	HOLDER, SHARON	2250 NE 175TH AVE	WILLISTON FL 32696	<input type="checkbox"/> "D"
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Vice President	Melton, Sheila	612 NE 10th Blvd.	Williston, Florida 32696	<input checked="" type="checkbox"/> "D"	<input type="checkbox"/>
Secretary	Funderburk, Judy-K	19551 SE 42nd Place	Morrison, Florida 32668	<input checked="" type="checkbox"/> "D"	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Sharon Holder, treas.* (352) 528-3636
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **5-18-00** Daytime Phone #

CF 1 017 10001