

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91647 015 ****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
 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

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 Charlene Nobles
 Street Address (P.O. Box Number is Not Acceptable)
19010 N.E. 30th Lane
 City Williston FL Zip Code 32696

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 Charlene Nobles

5/2/02

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MACK, GARY	
STREET ADDRESS	17851 NE 25TH ST	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MELTON, SHEILA	
STREET ADDRESS	612 N E 10TH BLVD	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOLDER, SHARON	
STREET ADDRESS	2250 NE 175TH AVE	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FUNDERBURK, JUDY K	
STREET ADDRESS	19551 SE 42ND PLACE	
CITY-ST-ZIP	MORRISTON FL 32668	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David A. Kendall	
STREET ADDRESS	530 E. Country Club Dr.	
CITY-ST-ZIP	Williston, FL 32696	
TITLE	VPO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ken Sheffield	
STREET ADDRESS	1651 NE 124th Terr	
CITY-ST-ZIP	Williston, FL 32696	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charlene Nobles	
STREET ADDRESS	19010 N.E. 30th Ln	
CITY-ST-ZIP	Williston, FL 32696	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Verneeka N. Robinson	
STREET ADDRESS	17505 NW Hwy 335	
CITY-ST-ZIP	Williston FL 32696	
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:

David A. Kendall
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/02

Date

352-528-5884

Daytime Phone #

CR2E037 (9/01)