

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 427 W NOBLE AVE WILLISTON FL 32696 US	Mailing Address PO BOX 836 WILLISTON FL 32696 US
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DO NOT WRITE IN THIS SPACE

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 Delete
 NAME **PD MACK, GARY**
 STREET ADDRESS **17851 NE 25TH ST**
 CITY-ST-ZIP **WILLISTON FL 32696**

TITLE Change Addition
 NAME **PD David A. Kendall**
 STREET ADDRESS **530 E. Country Club Dr.**
 CITY-ST-ZIP **Williston, FL 32696**

TITLE Delete
 NAME **VPD MELTON, SHEILA**
 STREET ADDRESS **612 N E 10TH BLVD**
 CITY-ST-ZIP **WILLISTON FL 32696**

TITLE Change Addition
 NAME **VPO Ken Sheffield**
 STREET ADDRESS **1651 NE 124th Terr**
 CITY-ST-ZIP **Williston, FL 32696**

TITLE Delete
 NAME **TD HOLDER, SHARON**
 STREET ADDRESS **2250 NE 175TH AVE**
 CITY-ST-ZIP **WILLISTON FL 32696**

TITLE Change Addition
 NAME **TD Charlene Nobles**
 STREET ADDRESS **19010 N.E. 30th Ln**
 CITY-ST-ZIP **Williston, FL 32696**

TITLE Delete
 NAME **SD FUNDERBURK, JUDY K**
 STREET ADDRESS **19551 SE 42ND PLACE**
 CITY-ST-ZIP **MORRISTON FL 32668**

TITLE Change Addition
 NAME **SD Verneeka N. Robinson**
 STREET ADDRESS **17505 NW Hwy 335**
 CITY-ST-ZIP **Williston FL 32696**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

5/2/02 352-528-5884
 Date Daytime Phone #

CR2E037 (9/01)