

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002007

1. Entity Name

LEHIGH SENIOR HIGH SCHOOL ATHLETIC BOOSTER CLUB, R

Principal Place of Business

801 GUNNERY ROAD
LEHIGH ACRES FL 33971

Mailing Address

801 GUNNERY ROAD
LEHIGH ACRES FL 33971

2. Principal Place of Business

3. Mailing Address

P.O. Box 202

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lehigh Acres

City & State
Lehigh Acres, FL

Zip

Country

Zip

Country

33970

USA

4. FEI Number

65-0487917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOSEPH R. NORTH
2256 HEITMAN STREET
FT. MYERS FL 33901

7. Name and Address of New Registered Agent

Name
Diane Cox

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

2514 LAKEVIEW DR.

City
Lehigh Acres

FL

Zip Code
33972

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

Diane Cox DIANE COX

9-3-00

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
After September 13, 2000 min. will be \$236.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
STEWART, JAMES
5203 7TH ST. W.
LEHIGH ACRES FL 33971 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BODDIE, BRIAN
206 HIGHVIEW AVE
LEHIGH ACRES FL 33936 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
KAPLAN, NANCY
244 LAURENT CT
LEHIGH ACRES FL 33936 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
COX, DIANE
2514 LAKEVIEW DR
LEHIGH ACRES FL 33972 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Diane Cox SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-3-00

Date

941-332-0135

Daytime Phone #

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90072 009 ****61.25

110010046



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)