2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9400002427 1. Entity Name



FILED Sep 15, 2000 8:00 am Secretary of State

DHS ATHLETIC BOOSTERS, INC.				09-15-2000 90019 040 ****61.25			
Principal Place of Business 10055 SW 180 AVE RD DUNNELLON FL 34432	Mailing Address 10055 SW 180 AVE RD DUNNELLON FL 34432		£ 100(1101)	A P P P P P P P P P P P P P P P P P P P	II.	(2 () (28) (28)	
2. Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		SPACE		
City & State	City & State		4. FEI Numbe	4. FEI Number 59-3330808 Applied F. Not Applie		plied For	
Zip Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add	iitional	
6. Name and Address of Current	Registered Agent		7. Name and	Address of New Registered	Agent		
SMITH, MICHAEL A 11875 CEDAR ST DUNNELLON FL 34431	Name Kimberly B. Hannah. Street Address (P.O. Box Number is Not Acceptable) Dr. City Dunnellon FL Zip Code 32						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. SIGNATURE FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25 After September 13, 2000 min. will be \$236.25 After September 14, 2000 min. will be \$236.25 After September 15, 2000 min. will be \$236.25 After September 16, 2000 min. will be \$236.25 After September 17, 2000 min. will be \$236.25							
10. OFFICERS AND DII	RECTORS	11.	ADDITIONS/CHA	ANGES TO OFFICERS AND D	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SMITH, MICHAEL A 11875 CEDAR ST DUNNELLON FL 34431	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rushton 9811-Blue	Samuel Greg Kun-Drive 1, FL 5443	Change	Addition	
TITLE PD MARKHAM, BOBBY STREET ADDRESS 1520 NE 12TH ST. OCALA FL 34470	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SID Dixon, And 1479 SW S Dunnellon	TOLE MOCOL OLL	X Change	☐ Addition	
TITLE VPD NAME FULLER, JODY STREET ADDRESS CITY-ST-ZIP DULLELLON FL 34433	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TID Burpee, Bri 10954 SW Dunnellon	enda 1894 h Ave FL 34432	Change	☐ Addition	
NAME INKELL, ROXIE STREET ADDRESS CITY-ST-ZIP OCALA FL 34482	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE TD NAME SPITZNOGLE, CAROLINE STREET ADDRESS 11588 OSAGE RD CITY-ST-ZIP DUNNELLON FL 34431	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TIPLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	rad in Spetian 110 07/2V	i) Florida Statutos Liurthor o	Change	Addition Addition	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #