

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90104 025 ****61.25

DOCUMENT # *N94000002427*
1. Entity Name
DHS Athletic Boosters, Inc.

DO NOT WRITE IN THIS SPACE

980824

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>10055 Sw 180 Ave Rd.</i>		3. Mailing Address <i>10055 Sw 180 Ave Rd.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Dunnellon, FL</i>		City & State <i>Dunnellon, FL</i>	
Zip <i>34432</i>	Country <i>USA</i>	Zip <i>34432</i>	Country <i>USA</i>

4. FEI Number <i>59-3330808</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <i>Kimberly Hannah</i>		
Street Address (P.O. Box Number is Not Acceptable) <i>11722 Mockingbird Dr.</i>		
City <i>Dunnellon</i>	FL	Zip Code <i>34432</i>

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 *Kimberly Hannah* DATE *9/13/02*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PD Blair, Cherise 20947 River Drive Dunnellon, FL 34431</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>TD Hannah, Kimberly 11722 Mockingbird Dr. Dunnellon, FL 34432</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>SD Stone, Dixie 4525 Sw 162nd Terrace Ocala, FL 34481</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Kimberly Hannah* *9/13/02 (352) 465-0599*