


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90182 042 \*\*\*\*61.25

C001961

<b>DOCUMENT # N94000002427</b>					
1. Entity Name <b>DHS ATHLETIC BOOSTERS, INC.</b>					
Principal Place of Business <b>10055 SW 180 AVE RD DUNNELLON FL 34432</b>		Mailing Address <b>10055 SW 180 AVE RD DUNNELLON FL 34432</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>HANNAH, KIMBERLY B 11722 MOCKINGBIRD DR DUNNELLON FL 34432</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City	
		<b>FL</b>		Zip Code	



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3330808** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD <b>BLAIN, CHERISE</b>	<input type="checkbox"/> Delete		TITLE	VPD <b>Williams Robert</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>20947 RIVER DRIVE</b>			NAME	<b>2341 SW 118th St</b>		
STREET ADDRESS	<b>DUNNELLON FL 34431</b>			STREET ADDRESS	<b>Dunnellon FL 34431</b>		
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	TD <b>HANNAH, KIMBERLY</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>11722 MOCKINGBIRD DR</b>			NAME			
STREET ADDRESS	<b>DUNNELLON FL 34432</b>			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	SD <b>STONE, DIXIE</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>4525 SW 162ND TERRACE</b>			NAME			
STREET ADDRESS	<b>OCALA FL 34481</b>			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Hannah* Treasurer 4/30/03 465-0599

CR2E037 (10/02)