

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002978

1. Entity Name

THS ALUMNI ASSOCIATION, INC.

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

05-15-2000 90275 048 ****61.25

Principal Place of Business

Mailing Address

TITUSVILLE HIGH SCHOOL
TITUSVILLE FL 32780

150 TERRIER TRAIL
TITUSVILLE FL 32780

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3349249

Applied For

Not Applicable

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

HENDRIX, SAM
2840 SUNNY DR
MIMS FL 32754

Name

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

1218 CRESCENT DRIVE

City

TITUSVILLE

FL

Zip Code

32796

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: *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

4/25/00
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 P
NAME HENDRIX, SAM
STREET ADDRESS 2840 SUNNY DR
CITY-ST-ZIP MIMS FL 32754 ☐ Delete

TITLE P
NAME HENDRIX, SAM
STREET ADDRESS 1218 CRESCENT DRIVE
CITY-ST-ZIP TITUSVILLE, FL 32796 ☒ Change ☐ Addition ☐ Address

TITLE S
NAME AUSTIN, DAVID
STREET ADDRESS 1618 N EDEN CIR
CITY-ST-ZIP TITUSVILLE FL 32796 ☒ Delete

TITLE S
NAME BARNHART, DIANA
STREET ADDRESS PO BOX 6415
CITY-ST-ZIP TITUSVILLE, FL 32782 ☐ Change ☒ Addition

TITLE T
NAME MERCKSON, JOE L
STREET ADDRESS 2940 JACARANDA TRAIL
CITY-ST-ZIP TITUSVILLE FL 32780 ☐ Delete

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

TITLE VD
NAME HARPER, JOAN
STREET ADDRESS 4850 KEY BISCAIYNE DR
CITY-ST-ZIP TITUSVILLE FL 32780 ☐ Delete

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

TITLE D
NAME BRILEY, KAY
STREET ADDRESS 7430 N U S 1 105
CITY-ST-ZIP COCOA FL 32927 ☐ Delete

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

TITLE D
NAME RAMER, MICHAEL
STREET ADDRESS 4096 WOODLAND CT
CITY-ST-ZIP MIMS FL 32754 ☐ Delete

TITLE
NAME
STREET ADDRESS
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)