

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003197

1. Entity Name

SEBASTIAN ATHLETICS BOOSTER ASSOCIATION, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90206 021 \*\*\*\*61.25

Principal Place of Business

1327 N. CENTRAL AVENUE  
SEBASTIAN FL 32958

Mailing Address

1327 N. CENTRAL AVENUE  
SEBASTIAN FL 32958-1807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3255925

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

VANDEVOORDE, RENE G  
1327 N. CENTRAL AVENUE  
SEBASTIAN FL 32958

Name

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

City

FL

Zip Code

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, 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

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 TD ☐ Delete  
NAME VANDEVOORDE, RENE G  
STREET ADDRESS 1327 N. CENTRAL AVENUE  
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE D ☐ Change ☒ Addition  
NAME RUIZ, AUGUST  
STREET ADDRESS 565 BROWNING TERRACE  
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE DS ☒ Delete  
NAME COX, DONNA  
STREET ADDRESS 9001 90 AVE  
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE D ☐ Change ☒ Addition  
NAME DS  
STREET ADDRESS SHEPARD, GAIL  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME RAMSEY, CECIL  
STREET ADDRESS 1213 BEVAN DR.  
CITY-ST-ZIP SEBASTIAN FL

TITLE D ☐ Change ☐ Addition  
NAME FRAZIER, JOHN  
STREET ADDRESS 12895 OLD DIXIE HIGHWAY  
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE D ☐ Delete  
NAME GIUNTA, SUSAN  
STREET ADDRESS 105 INDIAN AVE.  
CITY-ST-ZIP SEBASTIAN FL 32958

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

TITLE D ☒ Delete  
NAME STUTZKE, MICHAEL  
STREET ADDRESS 9001 90 AVE  
CITY-ST-ZIP SEBASTIAN FL

TITLE D ☐ Change ☐ Addition  
NAME BLANKENSHIP, BETH  
STREET ADDRESS 1525 LACONIA ST  
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE D ☐ Delete  
NAME MANCINO, LOUISE  
STREET ADDRESS 765 BROOKEDGE TERRACE  
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE ☐ Change ☐ Addition  
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*René G. Vandevor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00

Date

561-588-4353

Daytime Phone #

CR2E037 (9/99)