

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

Mailing Address

1327 N. CENTRAL AVENUE
 SEBASTIAN FL 32958

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

4. FEI Number

59-3255925

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 **DS** Change Addition
 NAME **SHERMAN, GAIL**
 STREET ADDRESS
 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 **VD** 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. VanDeVoorde*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00

Date

561-588-4353

Daytime Phone #

CR2E037 (9/99)