

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000003361**

1. Entity Name

F.S.D.B. ATHLETIC BOOSTER CLUB, INC.**FILED****Mar 15, 2001 8:00 am**
Secretary of State

03-15-2001 90185 019 ****61.25

Principal Place of Business

**207 N. SAN MARCO AVE.
ST. AUGUSTINE FL 32084**

Mailing Address

**207 N. SAN MARCO AVE.
ST. AUGUSTINE FL 32084**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3260392

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KOCHANSKI, PAMELA L
740 C.R. 13 SOUTH
ST. AUGUSTINE FL 32092**

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 | PD | <input type="checkbox"/> Delete |
| NAME | ROBERTS, RICK | |
| STREET ADDRESS | 207 N SAN MARCO AVE | |
| CITY-ST-ZIP | ST. AUGUSTINE FL 32084 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | COLVIN, JIMMY | |
| STREET ADDRESS | 2860 N 8TH ST 207 N. SAN MARCO Avenue | |
| CITY-ST-ZIP | ST. AUGUSTINE FL 32095 32084 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | KOCHANSKI, PAMELA L | |
| STREET ADDRESS | 740 C.R. 13 S 207 N. SAN MARCO Avenue | |
| CITY-ST-ZIP | ST AUGUSTINE FL 32092 32084 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | KOCHANSKI, PAMELA L. | |
| STREET ADDRESS | 740 C.R. 13 SOUTH | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 207 N. SAN MARCO Avenue | |
| CITY-ST-ZIP | ST. AUGUSTINE, FL 32084 | |
| TITLE | TD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Bruce CURTIS | |
| STREET ADDRESS | 207 N. SAN MARCO Avenue | |
| CITY-ST-ZIP | ST. AUGUSTINE, FL 32084 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: Pamela L. Kochanski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01

Date

904-827-2324

Daytime Phone #

CR2E037 (10/00)