

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90552 018 ****61.25

DOCUMENT # N94000003361

1. Entity Name

F.S.D.B. ATHLETIC BOOSTER CLUB, INC.



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

Zip

Country

Zip

Country

4. FEI Number **59-3260392**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

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
Florida 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	207 N SAN MARCO AVENUE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KOCHANSKI, PAMELA L	
STREET ADDRESS	207 N SAN MARCO AVENUE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CURTIS, BRUCE	
STREET ADDRESS	207 N SAN MARCO AVENUE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
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		
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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

1/13/03

904-827-2324

CR2E037 (10/02)