

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004030

1. Entity Name

DRAGON-FIRE BOOSTER CLUB INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90030 007 ****61.25

Principal Place of Business

Mailing Address

STRANAHAN HIGH SCHOOL
1800 SW 5TH PLACE
FORT LAUDERDALE FL 33312

C/O EMMA C FLETCHER
421 NE 1 AVE
FT LAUDERDALE FL 33301-3226

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

65-0531470

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

FLETCHER, EMMA C
421 NE 1 AVE
FT LAUDERDALE FL 33301

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	FLETCHER, EMMA C	
STREET ADDRESS	421 NE 1 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	VP	<input type="checkbox"/> Delete
NAME	THOMPSON, RON	
STREET ADDRESS	3270 JACKSON STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WARD, MARVIS	
STREET ADDRESS	810 TENNESSEE	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	S	<input type="checkbox"/> Delete
NAME	THOMPSON, LASHAWN	
STREET ADDRESS	3270 JACKSON STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, GWEN	
STREET ADDRESS	1224 SW 9TH AVE.	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)