

2000 UNIFORM BUSINESS REPORT (UBR)

71

DOCUMENT # N94000004247

1. Entity Name

ST. PETERSBURG HIGH SCHOOL ATHLETIC BOOSTER ASSO

FILED
Aug 29, 2000 8:00 am
Secretary of State

07-26-2000 90019 017 ****61.25

Principal Place of Business

Mailing Address

2501 5TH AVE N
ST PETERSBURG FL 33713

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ST PETERSBURG FL 33713

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 **59-3261674**

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

MCLEOD, PHILIP A
540 FOURTH STREET N.
ST PETERSBURG FL 33701

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
After September 13, 2000 min. will be \$236.25

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

TITLE PD ☒ Delete
NAME BOND, TONY
STREET ADDRESS 3426 13TH AVENUE N.
CITY-ST-ZIP ST PETERSBURG FL 33713

TITLE ☒ Change ☒ Addition
NAME **PROS D**
STREET ADDRESS **Dan DeBascio**
CITY-ST-ZIP **3950 Third St. N.**
St. Pete 33703

TITLE TD ☐ Delete
NAME MCLEOD, PHILIP A
STREET ADDRESS 540 FOURTH STREET N.
CITY-ST-ZIP ST PETERSBURG FL 33701

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

TITLE SD ☒ Delete
NAME HEIDT, SANDRA
STREET ADDRESS 2501 FIFTH AVENUE N.
CITY-ST-ZIP ST. PETERSBURG FL 33713

TITLE ☐ Change ☒ Addition
NAME **Polly Brannigan**
STREET ADDRESS **2352 Woodlawn Cir NW**
CITY-ST-ZIP **St. Pete, FL 33703**
Secy

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/24/00 727-823-2527