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

## Jul 05, 2001 8:00 am DOCUMENT # N94000004247 **Secretary of State** 1. Entity Name 07-05-2001 90006 003 \*\*\*\*61.25 ST. PETERSBURG HIGH SCHOOL ATHLETIC BOOSTER ASSO Principal Place of Business Mailing Address 2501 5TH AVE N 2501 5TH AVE N A0075899 ST PETERSBURG FL 33713 ST PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3261674 Not Applicable Zip Country \$8:75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Box Number is Not Acceptable) Debbie Lane MCLEOD, PHILIP A 540 FOURTH STREET N. ST PETERSBURG FL 33701 Zip Code 707 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in both, in state of Florida DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW: Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE ☐ Addition DeBiasio, DAN DEBIASIO, PAN NAME NAME STREET ADDRESS STREET ADDRESS 3950 THIRD ST N CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33703 Delete Addition TITLE TDD T/D ☐ Change MCLEOD, PHILIP A NAME NAME Sturm, Ton 1 6505 Debbie Lane South STREET ADDRESS 540 FOURTH STREET N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33701 TITLE SD Change ☐ Delete TITLE Addition **BRANNON, PHILL** Brannon, NAME NAME STREET ADDRESS STREET ADDRESS 2352 WOODLAWN CIR W CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33703 TITLE Delete TIT! F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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.

**FILED**