

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90013 012 ****61.25

DOCUMENT # N94000005345

1. Corporation Name

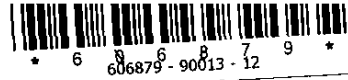
BOCA RATON BOBCAT BOOSTER CLUB, INC.

Principal Place of Business

1501 NW 15 CT.
BOCA RATON FL 33486
US

Mailing Address

P.O. BOX 1042
BOCA RATON FL 33429-1042



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/27/1994

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0534421

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARSALONA, BRUCE P
1835 SW 17TH ST
BOCA RATON FL 33486

81

Name **DANIEL E. LOY**

82

Street Address (P.O. Box Number is Not Acceptable)

7168 SAN SALVADOR DRIVE

83

84

City **BOCA RATON**

FL

85 Zip Code
33433

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Daniel E. Loy

DANIEL E. LOY TREASURER

8-12-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DT

☒ DELETE

NAME

SMITH, WARREN

STREET ADDRESS

6866 BIANCHINI CIR

CITY-ST-ZIP

BOCA RATON FL 33486

TITLE

DVP

☐ DELETE

NAME

STOPPELBEIN, GENE

STREET ADDRESS

800 SW 20TH ST

CITY-ST-ZIP

BOCA RATON FL 33486

TITLE

DVP

☐ DELETE

NAME

BELLO, SHELLY

STREET ADDRESS

725 NW 6TH ST

CITY-ST-ZIP

BOCA RATON FL 33432

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

☐ Change ☒ Addition

1.2 NAME

DT DANIEL E. LOY

1.3 STREET ADDRESS

7168 SAN SALVADOR DRIVE

1.4 CITY-ST-ZIP

BOCA RATON, FL 33433

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daniel E. Loy

SIGNATURE REQUIRED DANIEL E LOY 8-12-99 561 482 7723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)