

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000005345**

1. Entity Name

BOCA RATON BOBCAT BOOSTER CLUB, INC.**FILED**
Aug 01, 2002 8:00 am
Secretary of State

08-01-2002 90163 035 ****61.25

0010682

Principal Place of Business Mailing Address

1501 NW 15 CT.
BOCA RATON FL 33486
US

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

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 **65-0534421** Applied For Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAARI, TED
5082 MARINA CIRCLE
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name **Michael F Delaney**

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

5147 Deerhurst Crescent Circle

City **Boca Raton** FL Zip Code **33486**

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 **Michael F. Delaney** 7/30/02

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

After September 13, 2002,
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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FRISCH, DENNIS R	
STREET ADDRESS	1070 SW 19TH ST	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	PALAZZO, PAUL	
STREET ADDRESS	1721 SW 10TH ST	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SAARI, TED	
STREET ADDRESS	5082 MARINA CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FRSICH, JENNIFER	
STREET ADDRESS	1070 SW 19TH ST	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrew L Kirsch	
STREET ADDRESS	798 SW 17th ST	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harry Hackett	
STREET ADDRESS	671 SW 15th St	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael F. Delaney	
STREET ADDRESS	5147 Deerhurst Crescent Cir.	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debrah Klein	
STREET ADDRESS	1380 SW 15th St	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 **Michael F. Delaney** 7/30/02 954-698-3090

CR2E037 (4/02)