2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State
08-31-2001 90115 024 ****61.25

0011438

DOCUMENT # N95000001602

1. Entity Name

TAMPA BAY TECHNICAL HIGH SCHOOL PARENTS BOOSTER

Principal Place of Business	Mailing Address
6410 ORIENT ROAD TAMPA FL 33610	6410 ORIENT ROAD TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

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 59-3330734 ☐ 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
~~GONZALES, OSCAR~~ Woods, Brad 6410 ORIENT ROAD TAMPA FL 33610	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25 **After September 12, 2001, 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 IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~> ~~POPTCHNEY, BOB~~ ~~6410 ORIENT RD~~ TAMPA FL 33610	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Laurie Echols 2835 Falling Leaves Valrico FL 33510	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~> ~~TRICKEY, TOB~~ 6410 ORIENT ROAD TAMPA FL 33610	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Mary Collister 2830 Timber Knoll Dr. Valrico FL 33594	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~SCHOPPMAN, BETH~~ 6410 ORIENT RD TAMPA FL 33610	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Mary Becker 611 Pine Walk Brandon, FL 33510	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

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 REQUIRED Collette 8/21/01 813 684-7319