

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005198

1. Entity Name

SEMINOLE HIGHSCHOOL BASKETBALL BOOSTERS, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90010 046 \*\*\*\*61.25

Principal Place of Business 12323 91ST TERRACE NORTH SEMINOLE FL 34642	Mailing Address 12343 91ST TERRACE NORTH SEMINOLE FL 33772-3217 US
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 12323 91 Ter No Suite, Apt. #, etc.
City & State	City & State SEMINOLE FLA
Zip 33772	Country PINELLAS

4. FEI Number 59-3341458	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TAYLOR, JACK  
 12323 91ST TERRACE NORTH  
 SEMINOLE FL 34642

7. Name and Address of New Registered Agent

Name: SAME  
 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: *Jack Taylor* DATE: 4-28-00  
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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
-----------------------------	--	-----------------------------	---

10. OFFICERS AND DIRECTORS

TITLE: D	NAME: KILLALEA, BILL	STREET ADDRESS: 12343 91ST TERRACE NORTH	CITY-ST-ZIP: SEMINOLE FL 33772	<input checked="" type="checkbox"/> Delete
TITLE: D	NAME: SHAW, WES	STREET ADDRESS: 12323 91ST TERRACE NORTH	CITY-ST-ZIP: SEMINOLE FL 34642	<input checked="" type="checkbox"/> Delete
TITLE: D	NAME: GIBBS, MARCIA	STREET ADDRESS: 12323 91ST TERRACE NORTH	CITY-ST-ZIP: SEMINOLE FL 34642	<input type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:	NAME: TERRY WALKER	STREET ADDRESS: 9413 LAURANNE DR	CITY-ST-ZIP: SEMINOLE FLA 33776	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE:	NAME: JACK TAYLOR	STREET ADDRESS: 12323 91 Ter No	CITY-ST-ZIP: SEMINOLE FLA 33772	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jack Taylor* PRES JACK TAYLOR 4-28-00 727 3986619  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR12E037 (9/99)