

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90075 035 ****61.25

DOCUMENT # N95000005626
1. Entity Name
PORT ST. LUCIE JAGUARS BOOSTER CLUB, INC.

Principal Place of Business	Mailing Address
1201 SE JAGUAR LN. PORT ST. LUCIE FL 34952	1201 SE JAGUAR LN. PORT ST. LUCIE FL 34952-8127



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

4. FEI Number	Applied For
65-0656615	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FARRELL, RICKEY L 1595 SE PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	D FRIEDE, JOHN
STREET ADDRESS	950 SE MONTRASE AVE
CITY-ST-ZIP	PORT ST LUCIE FL 34983
TITLE	<input checked="" type="checkbox"/> Delete
NAME	D FLYNN, WILLIAM P
STREET ADDRESS	613 SE CARON TER
CITY-ST-ZIP	PORT ST LUCIE FL 34983
TITLE	<input checked="" type="checkbox"/> Delete
NAME	D FLYNN, PATRICIA L
STREET ADDRESS	6135 E CAPON TERRACE
CITY-ST-ZIP	PORT LT LUCIE FL 34952
TITLE	<input type="checkbox"/> Delete
NAME	D MILLER, JOSEPHINE A
STREET ADDRESS	1418 SUNSHINE AVE
CITY-ST-ZIP	P.S.C FL 34952
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TESSINA, MICHAEL
STREET ADDRESS	1116 SE LADNER ST
CITY-ST-ZIP	PORT ST. LUCIE FLA 34983
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMPSON, JENNIFER
STREET ADDRESS	537 S.E. MAJESTIC TERR.
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983
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: *[Signature]* PRES 3/20/00 561/878-4710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)