

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002413

1. Entity Name

SEMINOLE HIGH SCHOOL ATHLETIC BOOSTERS CLUB, INC

Principal Place of Business

Mailing Address

2701 RIDGEWOOD AVE.
SANFORD FL 32773

2701 RIDGEWOOD AVE.
SANFORD FL 32773-4916

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3394585

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MOORE, THOMAS W
3835 BEARDALL AVE
SANFORD FL 32773

Name Thomas M. Martin

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

5998 Feather Lane

City Sanford

FL

Zip Code 32771

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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 PD
NAME MOORE, THOMAS W
STREET ADDRESS 3835 BEARDALL AVE
CITY-ST-ZIP SANFORD FL 32773 ☒ Delete

TITLE PD
NAME Martin, Thomas M.
STREET ADDRESS 5998 Feather Lane
CITY-ST-ZIP Sanford, FL 32771 ☒ Change ☐ Addition

TITLE TD
NAME FOSTER-BRONSON, SANDRA
STREET ADDRESS 102 W WOODLAND DR
CITY-ST-ZIP SANFORD FL 32773 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME MCNEAL, C.J.
STREET ADDRESS 796 SILVERWOOD DRIVE
CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME LEE, CARL
STREET ADDRESS 2701 RIDGEWOOD AVE
CITY-ST-ZIP SANFORD FL 32773 ☐ 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

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: Sandra Foster Bronson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-00 407-322-8823

Date

Daytime Phone #

CR2E037 (9/99)