

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002413

1. Entity Name

SEMINOLE HIGH SCHOOL ATHLETIC BOOSTERS CLUB, INC

Principal Place of Business

2701 RIDGEWOOD AVE.  
SANFORD FL 32773

Mailing Address

2701 RIDGEWOOD AVE.  
SANFORD FL 32773

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

59-3394585

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, THOMAS W  
5998 FEATHER LANE  
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name JACK ARMSTRONG

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

1624 TIVERTON ST

City WINTER SPRINGS FL

Zip Code 32708

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MOORE, THOMAS W	
STREET ADDRESS	5998 FEATHER LANE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FOSTER-BRONSON, SANDRA	
STREET ADDRESS	102 W WOODLAND DR	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MCNEAL, C.J.	
STREET ADDRESS	796 SILVERWOOD DRIVE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LEE, CARL	
STREET ADDRESS	2701 RIDGEWOOD AVE	
CITY-ST-ZIP	SANFORD FL 32773	
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	JACK ARMSTRONG	
STREET ADDRESS	1624 TIVERTON ST	
CITY-ST-ZIP	WINTER SPRGS, FL, 32708	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. CHARLES SCHOMER	
STREET ADDRESS	106 FOXRIDGE RUN	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN ARMSTRONG	
STREET ADDRESS	1624 TIVERTON ST	
CITY-ST-ZIP	WINTER SPRGS, FL 32708	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRLEY CARR	
STREET ADDRESS	149 DUBLIN DR	
CITY-ST-ZIP	LAKE MARY FL 32746	
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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D CHARLES Schomer 2/5/01 407 3205026

FILED  
Feb 12, 2001 8:00 am  
Secretary of State

02-12-2001 90012 021 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)