

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90041 024 ****61.25

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

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARMSTRONG, JACK
1624 TIVERTON STREET
WINTER SPRINGS FL 32708

Name **Dennis McCool**

Street Address (P.O. Box Number is Not Acceptable)
5306 VISTA CLUB RUN

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

DENNIS MCCOOL

4/16/02

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,

\$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 **VPD** Delete
 NAME **ARMSTRONG, JACK**
 STREET ADDRESS **1624 TIVERTON STREET**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708** **CHG-**

TITLE **PRESIDENT** Change Addition
 NAME **Dennis McCool**
 STREET ADDRESS **5306 VISTA CLUB RUN**
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE **TD** Delete
 NAME **SCHOMER, CHARLES**
 STREET ADDRESS **106 FOXBRIDGE RUN**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **ARMSTRONG, LYNN**
 STREET ADDRESS **1624 TIVERTON STREET**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **CARR, SHIRLEY**
 STREET ADDRESS **149 DUBLIN DRIVE**
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

CHARLES SCHOMER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02
 Date

407 320 5026
 Daytime Phone #

CR2E037 (9/01)