

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90122 008 \*\*\*\*61.25

**DOCUMENT # N96000004281**

1. Entity Name  
**FIVE STAR BOOSTER CLUB, INC.**



Principal Place of Business  
**11363-400 SAN JOSE BLVD.  
JACKSONVILLE FL 32223**

Mailing Address  
**11363-400 SAN JOSE BLVD.  
JACKSONVILLE FL 32223**

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 **59-3394708**

Applied For

Not Applicable

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

**ACAYAN, TERRY  
11363 - 400 SAN JOSE BLVD.  
JACKSONVILLE FL 32223**

Name **Joanne Rosenberg**  
Street Address (P.O. Box Number is Not Acceptable)  
**11363-400 San Jose Blvd**  
City **Jacksonville** FL Zip Code **32223**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and file it applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/24/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **ACAYAN, TERRY**  
STREET ADDRESS **11363-400 SAN JOSE BLVD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **TD** ☒ Delete  
NAME **GHAFIN, JAYA**  
STREET ADDRESS **11363-400 SAN JOSE BLVD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **SD** ☒ Delete  
NAME **BORCHI, SUSAN**  
STREET ADDRESS **11363-400 SAN JOSE BLVD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **VD** ☐ Delete  
NAME **ROSENBERG, JOANNE**  
STREET ADDRESS **11363-400 SAN JOSE BLVD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **ATD** ☒ Delete  
NAME **REYNOLDS, DONNA**  
STREET ADDRESS **11363-400 SAN JOSE BLVD**  
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **SECRETARY** ☐ Delete  
NAME **DEBORAH MOON**  
STREET ADDRESS **11363-400 SAN JOSE BLVD**  
CITY-ST-ZIP **JACKSONVILLE, FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TREASURER** ☒ Change ☐ Addition  
NAME **TERRY ACAYAN**  
STREET ADDRESS **same address**  
CITY-ST-ZIP **D**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
NAME **MARY BECK**  
STREET ADDRESS **same address**  
CITY-ST-ZIP **D**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **JOANNE ROSENBERG**  
STREET ADDRESS **same address**  
CITY-ST-ZIP **D**

TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **DEBORAH MOON**  
STREET ADDRESS **11363-400 SAN JOSE BLVD**  
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/24/03**

CR2037 (10/02)