

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005279

1. Entity Name

LINCOLN NJROTC BOOSTERS INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90054 031 ****61.25

Principal Place of Business

Mailing Address

3838 TROJAN TRAIL
TALLAHASSEE FL 32311

PO BOX 12901
TALLAHASSEE FL 32317-2901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3407865

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

FOWINKLE, CHARLES T
4068 MCLAUGHLIN
TALLAHASSEE FL 32308

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

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	D	<input checked="" type="checkbox"/> Delete
NAME	HOWELL, TERESA	
STREET ADDRESS	3009 SHAMROCK SOUTH	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GRANT, ROSCOW	
STREET ADDRESS	1729 BEVEDERE ST	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SPENCER, CHERYL	
STREET ADDRESS	3257 LORD MURPHY TR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BOYLE, WILLIAM JR	
STREET ADDRESS	2306 LIMERICK DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PAFFORD, JIM	
STREET ADDRESS	2002 BUSHY HALL ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norman H. Horton Jr.	
STREET ADDRESS	7740 Deepwood Trail	
CITY-ST-ZIP	Tallahassee FL 32311	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy Adams	
STREET ADDRESS	3581 Pickett Ct	
CITY-ST-ZIP	Tallahassee FL 32311	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Liz Sparks	
STREET ADDRESS	9516 Sunhawk	
CITY-ST-ZIP	Tallahassee FL 32308	
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:

Norman H. Horton Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/7/00

Daytime Phone #

(850)
222 0720

CR2E037 (9/99)