

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005438

1. Entity Name

LHHS SCREAMING HAWK BOOSTERS, INC.

Principal Place of Business

4200 DIKE ROAD  
WINTER PARK FL 32792  
US

Mailing Address

4200 DIKE ROAD  
WINTER PARK FL 32792  
US

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

NOT APPLICABLE

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

SMITH, DONALD  
4200 DIKE RD.  
WINTER PARK FL 32792

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  
NAME BORSUM, DOUGLAS  
STREET ADDRESS 816 FIELD CLUB DR.  
CITY-ST-ZIP CASSELBERRY FL 32707 ☒ Delete

TITLE DV  
NAME MURPHY, TOM  
STREET ADDRESS 3549 JERICHO DR  
CITY-ST-ZIP CASSELBERRY FL 32707 ☒ Delete

TITLE D  
NAME DEMICHELE, PAMELA  
STREET ADDRESS 1224 THUNDER TRAIL  
CITY-ST-ZIP MAITLAND FL ☒ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE President  
NAME Betsy Waters  
STREET ADDRESS 1598 LAUNDALC Circle  
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Change ☐ Addition

TITLE VICE PRESIDENT  
NAME KEITH WATERS  
STREET ADDRESS 1598 LAUNDALC Circle  
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Change ☐ Addition

TITLE SECRETARY  
NAME SUE WICKER  
STREET ADDRESS 2989 HARBOUR LANDING Way  
CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Change ☐ Addition

TITLE TREASURER  
NAME BRUCE CLARK  
STREET ADDRESS 7130 NATHAN CT  
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

407-671-0545

Date

Daytime Phone #

CR2E037 (10/00)