

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90011 010 ****61.25

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1. Corporation Name

COUNTRYSIDE BOYS BASKETBALL BOOSTER CLUB, INC.

Principal Place of Business

S.R. 580
COUNTRYSIDE HIGH SCHOOL
CLEARWATER FL 34621

Mailing Address

% CRONIN JACKSON NIXON & WILSON
2560 GULF TO BAY BLVD. SUITE 200
CLEARWATER FL 34625-4419



2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

12/19/1996

4. FEI Number

59-3402743

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 City & State

27 City & State

Safety Harbor

24 Zip

25 Country

29 Zip

30 Country

34695-4721

Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DONNELLY, THOMAS J ESQ.
1172 BROWNELL ST
SUITE I
CLEARWATER FL 34616

81 Name

Robert M. Osborne

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

101 Meadowcross Dr

83

Safety Harbor

84 City

FL

85 Zip Code

34695-4721

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/12/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PETERSON, PEGGY
STREET ADDRESS 2379 W. MOORE HAVEN DRIVE
CITY-ST-ZIP CLEARWATER FL ☒ DELETE

TITLE TD
NAME CRONIN, JOHN H. J
STREET ADDRESS 2560 GULF TO BAY BLVD.
CITY-ST-ZIP CLEARWATER FL ☒ DELETE

TITLE SD
NAME HOERTAS, CATHLEEN
STREET ADDRESS 20 SUMMIT LN
CITY-ST-ZIP CLEARWATER 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME Bruce Huertas
1.3 STREET ADDRESS 20 Summit Lane
1.4 CITY-ST-ZIP Safety Harbor FL 34695 ☐ Change ☒ Addition

2.1 TITLE T/D
2.2 NAME Robert M. Osborne
2.3 STREET ADDRESS 101 Meadowcross Dr
2.4 CITY-ST-ZIP Safety Harbor FL 34695 ☐ Change ☒ Addition

3.1 TITLE S/D
3.2 NAME Janice Mascoli
3.3 STREET ADDRESS 5 Fernbrook Dr
3.4 CITY-ST-ZIP Safety Harbor FL 34695 ☐ Change ☒ Addition

4.1 TITLE V/D
4.2 NAME Jeff Branson
4.3 STREET ADDRESS 725 N Elm St.
4.4 CITY-ST-ZIP Safety Harbor FL 34695 ☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert M. Osborne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/99
Date

727-796-4296
Daytime Phone #

CR2E037 (5/99)