

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006498

1. Entity Name

COUNTRYSIDE BOYS BASKETBALL BOOSTER CLUB, INC.

R

FILED

Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90005 001 ****61.25

Principal Place of Business

S.R. 580
COUNTRYSIDE HIGH SCHOOL
CLEARWATER FL 34621

Mailing Address

C/O ROBERT M. OSBORNE
101 MEADOWCROSS DR
SAFETY HARBOR FL 34695-4721

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

59-3402743

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

OSBORNE, ROBERT M
101 MEADOWCROSS DR
SAFETY HARBOR FL 34695-4701

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

After September 13, 2000 min. will be \$236.25

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 PD ☒ Delete
NAME HUERTAS, BRUCE
STREET ADDRESS 20 SUMMIT LANE
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE PD ☐ Change ☒ Addition
NAME BRONSON, JEFF
STREET ADDRESS 725 N ELM ST
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE TD ☐ Delete
NAME OSBORNE, ROBERT M
STREET ADDRESS 101 MEADOWCROSS DR
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME MASCOLL, JANICE
STREET ADDRESS 5 FERNBROOKE DR
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME BRONSON, JEFF
STREET ADDRESS 725 N ELM ST
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE VD ☐ Change ☒ Addition
NAME ART MERRITT
STREET ADDRESS 3102 GLENWOOD CRT
CITY-ST-ZIP SAFETY HARBOR FL 34695

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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/00

Date

727-796-4296

Daytime Phone #

CR2E037 (5/00)