

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

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

05-01-2003 90287 032 \*\*\*\*61.25

**DOCUMENT # N96000006498**

1. Entity Name

**COUNTRYSIDE BOYS BASKETBALL BOOSTER CLUB, INC.**



Principal Place of Business

**S.R. 580  
COUNTRYSIDE HIGH SCHOOL  
CLEARWATER FL 34621**

Mailing Address

**C/O JACQUELINE BARRY  
68 CRANE DRIVE  
SAFETY HARBOR FL 34695**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**33761**

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

**BARRY, JACQUELINE  
68 CRANE DRIVE  
SAFETY HARBOR FL 34695**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **BROWN, WILLIAM**  
STREET ADDRESS **3101 GLENEAGLES DR E**  
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **TD** ☐ Delete  
NAME **BARRY, JACQUELINE**  
STREET ADDRESS **68 CRANE DRIVE**  
CITY-ST-ZIP **SAFETY-HARBOR FL 34695**

TITLE **SD** ☒ Delete  
NAME **MASCOLL, JANNIS**  
STREET ADDRESS **5 FERNBROOKE DR**  
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **VD** ☒ Delete  
NAME **MASCOLL, JOHN O**  
STREET ADDRESS **5 FERNBROOKE DRIVE**  
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **(PP) PAUL A BARRY** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **68 Crane Drive**  
CITY-ST-ZIP **Safety Harbor, FL 34695**

TITLE **(T) Jacqueline Barry** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **68 Crane Drive**  
CITY-ST-ZIP **Safety Harbor, FL 34695**

TITLE **(SM) Michelle Chaconas** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **5015 Bridge Port Drive**  
CITY-ST-ZIP **Safety Harbor, FL 34695**

TITLE **(VP) Jeffery L Cash** ☒ Change ☒ Addition  
NAME  
STREET ADDRESS **3044 Dominion Ct**  
CITY-ST-ZIP **Safety Harbor, FL 34695**

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 of Jacqueline Barry*

4/25/03

727-797-8960

CR2E037 (10/02)