

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000871

1. Entity Name

EAST LAKE EAGLES WRESTLING BOOSTERS, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90028 023 ****70.00

Principal Place of Business

1831 MARILYN DRIVE
CLEARWATER FL 34619

Mailing Address

1831 MARILYN DRIVE
CLEARWATER FL 33759-1716

2. Principal Place of Business

4987 Cross Pointe Dr.

3. Mailing Address

4987 Cross Pointe Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oldsmar, FL

City & State

Oldsmar, FL

4. FEI Number

59-3604020

Applied For

Not Applicable

Zip

34677

Country

Pinellas

Zip

34677

Country

Pinellas

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLLINGS, PETER
1831 MARILYN DRIVE
CLEARWATER FL 34619

7. Name and Address of New Registered Agent

Name

H. Denise Prior

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

4987 Cross Pointe Drive

City

Oldsmar

FL

Zip Code

34677

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

X Pete Collins

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

(NOTE: Registered Agent signature required when reinstating)

3/29/00

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

TITLE PD ☐ Delete
NAME PRIOR, DENISE
STREET ADDRESS 4987 CROSS POINTE DR.
CITY-ST-ZIP OLDSMAR FL

TITLE VP ☐ Delete
NAME WILLIE, SUE
STREET ADDRESS 4849 RIDGEMORE CIRCLE
CITY-ST-ZIP PALM HARBOR FL

TITLE S ☐ Delete
NAME HAFNER, VICKI
STREET ADDRESS 1381 FORESTEDGE BLVD.
CITY-ST-ZIP OLDSMAR FL

TITLE TD ☐ Delete
NAME ROBERTS, PAT
STREET ADDRESS 2619 WARWICK TR.
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE D ☐ Delete
NAME COLLINS, PETER
STREET ADDRESS 1831 MARILYN DRIVE
CITY-ST-ZIP CLEARWATER FL 34619

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

Denise Prior, President

3/27/00

727-787-8237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20017 (3/97)