

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000000871

FILED  
Apr 17, 2002 8:00 AM  
Secretary of State

**Entity Name:** EAST LAKE EAGLES WRESTLING BOOSTERS, INC.

**Current Principal Place of Business:**

2619 WARWICK TERRACE  
PALM HARBOR, FL 34685

**New Principal Place of Business:**

**Current Mailing Address:**

2619 WARWICK TERRACE  
PALM HARBOR, FL 34685

**New Mailing Address:**

**FEI Number:** 59-3604020

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ROBERTS, KATHY  
2619 WARWICK TERRACE  
PALM HARBOR, FL 34685

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ROBERTS, KATHY  
Address: 2619 WARWICK TERRACE  
City-St-Zip: PALM HARBOR, FL 34685

Title: S ( ) Delete  
Name: FASTAIA, MAGGIE  
Address: 4891 KYLEMORE COURT  
City-St-Zip: PALM HARBOR, FL 34685

Title: VP ( ) Delete  
Name: HAFNER, VICKI  
Address: 1381 FORESTEDGE BLVD.  
City-St-Zip: OLDSMAR, FL

Title: TD ( ) Delete  
Name: ROBERTS, PAT  
Address: 2619 WARWICK TR.  
City-St-Zip: PALM HARBOR, FL 34685

Title: D ( ) Delete  
Name: COLLINS, PETER  
Address: 1831 MARILYN DRIVE  
City-St-Zip: CLEARWATER, FL 34619

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ROBERTS, KATHY  
Address: 2619 WARWICK TERRACE  
City-St-Zip: PALM HARBOR, FL 34685

Title: D (X) Change ( ) Addition  
Name: MAHR, MONIQUE  
Address: 3334 WEDGEWOOD WAY  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D (X) Change ( ) Addition  
Name: HAFNER, VICKI  
Address: 1381 FORESTEDGE BLVD.  
City-St-Zip: OLDSMAR, FL

Title: T (X) Change ( ) Addition  
Name: GERMUSKA, MIKE  
Address: 2512 WOODCOTE  
City-St-Zip: PALM HARBOR, FL 34685

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY ROBERTS

P

04/17/2002

Electronic Signature of Signing Officer or Director

Date