

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000969

1. Entity Name

CHARLOTTE RANGERS BOOSTER CLUB, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90102 014 ****61.25

Principal Place of Business 23262 LEHIGH AVENUE PORT CHARLOTTE FL 33954	Mailing Address 23262 LEHIGH AVENUE PORT CHARLOTTE FL 33954-3617
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DICKINSON, ROBERT A 460 S. INDIANA AVENUE ENGLEWOOD FL 34223	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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**

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 NAME STREET ADDRESS CITY-ST-ZIP	BM JUDI, WILLIS 23187 MACLELLAN PORT CHARLOTTE FL 33980 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM GAIL DAY 620 RAVENNA ST VENICE, FL 34285 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM WILLIS, BOBBY 6248 BERKELEY ST. ENGLEWOOD FL 34224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYNN O'NEILL 2984 BOURBON ST. GROVE CITY FL 34224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOWERKO, ANDREW 22585 ELMIRA BLVD PORT CHARLOTTE FL 33980 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADGETT, STEVE 21302 COACHMAN AV PORT CHARLOTTE FL 33952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSEPH O'NEILL 2984 BOURBON ST. GROVE CITY FL 34224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDING, ROY 13398 BRONZE PORT CHARLOTTE FL 33981 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WUNDER, FRED 23262 LEHIGH AV. PORT CHARLOTTE FL 33954 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRED WUNDER 23262 LEHIGH AV. PORT CHARLOTTE FL 33954 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: LYNN O'NEILL 4/19/2000 941 697-7701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)