

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001228

1. Entity Name

TAVARES HIGH SCHOOL ATHLETIC BOOSTERS, INC.

FILED

00 OCT 25 PM 4:28

Principal Place of Business

603 NORTH NEW HAMPSHIRE AVENUE  
TAVARES FL 32778

Mailing Address

603 NORTH NEW HAMPSHIRE AVENUE  
TAVARES FL 32778

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 2000

4. FEI Number

59-3457201

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

GAMBLE, SAMUEL  
812 W MAUD ST  
TAVARES FL 32778

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 P  
NAME GAMBLE, SAMUEL  
STREET ADDRESS 812 W MAUD ST  
CITY-ST-ZIP TAVARES FL 32778 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 400003483524--5  
CITY-ST-ZIP -12/04/00--01001--025  
\*\*\*\*236.25 \*\*\*\*236.25 ☐ Change ☐ Addition

TITLE VPD  
NAME TIBBS, JODY  
STREET ADDRESS 15720 ACORN CIRCLE  
CITY-ST-ZIP TAVARES FL 32778 ☐ Delete

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

TITLE S  
NAME COGGINS, ELLEN  
STREET ADDRESS 603 N NEW HAMPSHIRE  
CITY-ST-ZIP TAVARES FL 32778 ☐ Delete

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

TITLE TD  
NAME WITSMAN, MR. C  
STREET ADDRESS 603 N NEW HAMPSHIRE  
CITY-ST-ZIP TAVARES FL 32778 ☐ Delete

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

TITLE D  
NAME DAVIS, MR. R  
STREET ADDRESS 703 N ROCKINGHAM AVE  
CITY-ST-ZIP TAVARES FL 32778 ☐ Delete

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

TITLE D  
NAME WALTON, MR. P  
STREET ADDRESS 27645 LOIS DR  
CITY-ST-ZIP TAVARES FL 32778 ☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)