

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N97000001527**

1. Entity Name

**WINTER SPRINGS HIGH SCHOOL ATHLETIC BOOSTER CLUB**

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90025 047 \*\*\*\*61.25

Principal Place of Business

Mailing Address

130 TUSCAWILLA ROAD  
WINTER SPRINGS FL 32708

P.O. BOX 195238  
WINTER SPRINGS FL 32719-5238

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**68-0172274**

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

**MILLER, ROBERT E**  
**990 DOUGLAS AVENUE**  
**SUITE 102**  
**ALTAMONTE SPRINGS FL 32714**

Name **ROGER COLEMAN**  
**RANDOLPH SWAIN TAYLOR & WHITHEAD - LLP**  
Street Address (P.O. Box Number is Not Acceptable)  
**900 WINDERLEY PLACE**  
**SUITE 105**  
City **MAITLAND** FL Zip Code **32751**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RYAN, RORY	
STREET ADDRESS	4996 COURTLAND LOOP	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GRIFFIN, KEVIN	
STREET ADDRESS	1103 LYNX TRAIL	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RUEDLINGER, AIME	
STREET ADDRESS	1212 TROTWOOD BLVD.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHILDS, TAMMY	
STREET ADDRESS	610 CASA PARK	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HELMS, ROBERT	
STREET ADDRESS	1910 GULFSTAR DRIVE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER - CO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUDY RUMBERGER	
STREET ADDRESS	213 HEATHERWOOD CT.	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	TREASURER - CO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TONY GUADABINO	
STREET ADDRESS	363 STREAMVIEW WAY	
CITY-ST-ZIP	WINTER SPRING, FL 32708	
TITLE	COACH LIAISON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAMMY GROSS	
STREET ADDRESS	126 DEERSONG DR.	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	COACH LIAISON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY ANDERSON	
STREET ADDRESS	101 SPRING CREEK LANE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	VP-MEMBERSHIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALARA FIZZELL	
STREET ADDRESS	1120 O'DAY DR.	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**JUDITH A. RUMBERGER** **JUDITH A. RUMBERGER** 1/26/2000 407-365-9566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #