

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90069 042 ****61.25

DOCUMENT # N97000001527

1. Entity Name

WINTER SPRINGS HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.

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

COLEMAN, ROGER
900 WINDERLEY PL
105
MAITLAND FL 32751

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

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **GUADANINO, TONY**
 CITY-ST-ZIP **363 STREAMVIEW WAY**
WINTER SPRINGS FL 32708

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

TITLE ☐ Delete
 NAME **VPFR**
 STREET ADDRESS **CUCCI, PAT**
 CITY-ST-ZIP **755 SYBILWOOD CIRCLE**
WINTER SPRINGS FL 32708

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

TITLE ☐ Delete
 NAME **CLD**
 STREET ADDRESS **GROSS, TAMMY**
 CITY-ST-ZIP **126 DEERSONG DR**
WINTER SPRINGS FL 32708

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

TITLE ☐ Delete
 NAME **VPM**
 STREET ADDRESS **FORST, PAT**
 CITY-ST-ZIP **438 TWISTING PINE**
LONGWOOD FL 32779

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

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **RUMBERGER, JUDY**
 CITY-ST-ZIP **213 HEATHERWOOD CT**
WINTER SPRINGS FL 32708

TITLE ☐ Change ☒ Addition
 NAME **TD**
 STREET ADDRESS **CONE, Kay L**
 CITY-ST-ZIP **1111 Arbor Glen Cir.**
Winter Springs, FL 32708

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02
 Date

407-696-8175
 Daytime Phone #

CR2E037 (9/01)