

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90148 004 ****61.25

DOCUMENT # N97000001527

1. Entity Name

**WINTER SPRINGS HIGH SCHOOL ATHLETIC BOOSTER CLUB
, INC.**



Principal Place of Business

**130 TUSCAWILLA ROAD
WINTER SPRINGS FL 32708**

Mailing Address

**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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GUADANINO, TONY	
STREET ADDRESS	363 STREAMVIEW WAY	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VPFR	<input checked="" type="checkbox"/> Delete
NAME	CUCCI, PAT	
STREET ADDRESS	755 SYBILWOOD CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	CLD	<input checked="" type="checkbox"/> Delete
NAME	GROSS, TAMMY	
STREET ADDRESS	126 DEERSONG DR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VPM	<input checked="" type="checkbox"/> Delete
NAME	FORST, PAT	
STREET ADDRESS	438 TWISTING PINE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RUMBERGER, JUDY	
STREET ADDRESS	213 HEATHERWOOD CT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CONE, KAY L	
STREET ADDRESS	1111 ARBOR GLEN CIR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUCCI, PAT	
STREET ADDRESS	755 SYBILWOOD CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	VPFR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUCCI segretario, Gary	
STREET ADDRESS	1786 Seneca Blvd.	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	CLD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASESSA, BARBARA	
STREET ADDRESS	1729 SENECA BLVD.	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	VPM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTTON, COLLEEN	
STREET ADDRESS	102 Spring Creek Lane	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APP, DENISE	
STREET ADDRESS	1192 Freedom Lane	
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: *[Signature]*

5-7-03 407-696-8175

CR2E037 (10/02)

attachment



Athletic Booster Club

P.O. Box 195238
Winter Springs, FL 32719-5238
407-320-7087

90132197

1197000001527

May 7, 2003

Florida Department of State
Secretary of State
Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, Fl. 32302-1500

I am the Treasurer of the Winter Springs High School Athletic Booster Club. Due to my mistake, the Uniform Business Report has not been filed. I am filing it now for the Winter Springs High School Athletic Booster Club. We are a 501(C) (3) organization and I am a volunteer. Due to the long illness of my Father (6 months in the hospital) and subsequent death of my Father, I failed to file this form. Please accept this form late.

Thank You,

A handwritten signature in cursive script that reads "Kay L. Cone".

Kay L. Cone
Treasurer, Winter Springs High Athletic Booster Club