

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001928

1. Entity Name

DUNEDIN AQUATIC BOOSTERS, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90282 008 ****61.25

Principal Place of Business

Mailing Address

1271 ROYAL OAK DR
DUNEDIN FL 34698

1271 ROYAL OAK DR
DUNEDIN FL 34698-3114

2. Principal Place of Business

3. Mailing Address

2678 Brattle Ln.
Suite, Apt. #, etc.

2678 Brattle Ln.
Suite, Apt. #, etc.

City & State
Clearwater, FL

City & State
Clearwater, FL

4. FEI Number
59-3509355

Applied For
Not Applicable

Zip
33761

Country
Pinellas

Zip
33761

Country
Pinellas

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

GAUZENS, ALAN
1271 ROYAL OAK DR
DUNEDIN FL 34698

Name
Haas, Mari
Street Address (P.O. Box Number is Not Acceptable)
2678 Brattle Ln.

City
Clearwater FL Zip Code
33761

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

Mari J. Haas (Mari J. Haas)

4/27/00

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 | D | <input type="checkbox"/> Delete |
| NAME | COTTRELL, CATHY | |
| STREET ADDRESS | 1131 MCLEAN ST | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HOFACKER, MERRI BETH | |
| STREET ADDRESS | 2149 CEDARD DR | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | HAAS, MARI | |
| STREET ADDRESS | 2678 BRATTLE LA | |
| CITY-ST-ZIP | CLEARWATER FL 34621 | |
| TITLE | VPTD | <input type="checkbox"/> Delete |
| NAME | HELVENSTON, NANCY | |
| STREET ADDRESS | 204 GEORGE ST | |
| CITY-ST-ZIP | TARPON SPRINGS FL 34689 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | RUSSO, LISA MARIE | |
| STREET ADDRESS | 1602 BAY SHORE BLVD | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SAMUEL, HANK | |
| STREET ADDRESS | 3074 AUTUMN DR | |
| CITY-ST-ZIP | PALM HARBOR FL 34683 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 (Mari J. Haas) 786-3468
Date Daytime Phone #

CR2E037 (9/99)