

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001928

1. Entity Name

DUNEDIN AQUATIC BOOSTERS, INC.

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90341 041 ****61.25

Principal Place of Business

Mailing Address

BRATTLE LN
CLEARWATER FL 33761

2678 BRATTLE LN
CLEARWATER FL 33761

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

59-3509355

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

HAAS, MARI J
2678 BRATTLE LN
CLEARWATER FL 33761

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Mari J. Haas
MARI J. HAAS
4/28/02
2678 BRATTLE LN
CLEARWATER FL 33761

CR2E037 (9/01)