

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

FILED
May 05, 2003 8:00 am
Secretary of State

0047125

DOCUMENT # N97000001928

1. Entity Name

DUNEDIN AQUATIC BOOSTERS, INC.



Principal Place of Business

**2678 BRATTLE LN
CLEARWATER FL 33761**

Mailing Address

**2678 BRATTLE LN
CLEARWATER FL 33761**

2. Principal Place of Business

**903 Michigan
Highlander Pool**

3. Mailing Address

P.O. Box 689

City & State

Dunedin, FL

City & State

Dunedin, FL

Zip

34698

Country

Pinellas

Zip

34697-0689

Country

Pinellas

6. Name and Address of Current Registered Agent

**HAAS, MARI J
2678 BRATTLE LN
CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

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

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, SUSAN	
STREET ADDRESS	3074 AUTUMN DR	
CITY-ST-ZIP	PALM HARBOR FL 34683	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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 of Mari J. Haas

4/30/03 (62) 786-3468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (10/02)