

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003946

1. Entity Name

OVIEDO HIGH SCHOOL MANE ATTRACTION DANCE TEAM BO
OSTER CLUB, INC.

Principal Place of Business

Mailing Address

601 KING STREET
OVIEDO FL 32765

601 KING STREET
OVIEDO FL 32765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. Box 621178
Oviedo, FL
32765-1178
U.S.A.

4. FEI Number

59-3438468

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

HOLLANDER, CAROL
6082 TWIN LAKES DR
OVIEDO FL 32765

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 PD ☐ Delete
NAME DANIELE, KATHLEEN
STREET ADDRESS 2953 BURNING TREE CRT
CITY-ST-ZIP OVIEDO FL 32765

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

TITLE SD ☒ Delete
NAME SHULMAN, DEBBIE
STREET ADDRESS 491 CAROLYN DR
CITY-ST-ZIP OVIEDO FL 32765

TITLE SD ☐ Change ☒ Addition
NAME Wildman, Gail
STREET ADDRESS 2718 N. Horizon Place
CITY-ST-ZIP Oviedo, FL 32765

TITLE VD ☐ Delete
NAME LUCIER, ROBIN
STREET ADDRESS 4121 SHADOW CREEK CIR
CITY-ST-ZIP OVIEDO FL 32765

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

TITLE TD ☒ Delete
NAME JERABEK, CHERYL
STREET ADDRESS 2350 TRUNBERRY DR
CITY-ST-ZIP OVIEDO FL 32765

TITLE TD ☐ Change ☒ Addition
NAME Lori Hoover
STREET ADDRESS 648 Long Lake Drive
CITY-ST-ZIP Oviedo, FL 32765

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/02

407-359-9640

CR2E037 (9/01)