

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000003946

FILED  
Apr 22, 2003  
Secretary of State

**Entity Name:** OVIEDO HIGH SCHOOL MANE ATTRACTION DANCE TEAM BOOSTER CLUB, INC.

**Current Principal Place of Business:**

601 KING STREET  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 621178  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 59-3438468

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOLLANDER, CAROL  
6082 TWIN LAKES DR  
OVIEDO, FL 32765 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DANIELE, KATHLEEN  
Address: 2953 BURNING TREE CRT  
City-St-Zip: OVIEDO, FL 32765

Title: SD ( ) Delete  
Name: WILDMAN, GAIL  
Address: 2718 N HORIZON PLACE  
City-St-Zip: OVIEDO, FL 32765

Title: VD ( ) Delete  
Name: LUCIER, ROBIN  
Address: 4121 SHADOW CREEK CIR  
City-St-Zip: OVIEDO, FL 32765

Title: TD ( ) Delete  
Name: HOOVER, LORI  
Address: 648 LONG LAKE DR  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HOOVER, LORI  
Address: 648 LONG LAKE DR.  
City-St-Zip: OVIEDO, FL 32765

Title: SD (X) Change ( ) Addition  
Name: LUCIER, ROBIN  
Address: 4121 SHADOW CREED CIR  
City-St-Zip: OVIEDO, FL 32765

Title: VD (X) Change ( ) Addition  
Name: KNERR, BARBARA  
Address: 346 HARTLEPOOL CT.  
City-St-Zip: OVIEDO, FL 32765

Title: TD (X) Change ( ) Addition  
Name: ADAIR, SUZANNE  
Address: 2820 LEXINGTON CT.  
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI HOOVER

PD

04/22/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date