

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004830

1. Entity Name

A.G.A. BOOSTERS, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90046 008 ****61.25

Principal Place of Business 1013 SE HOLBROOK CT PORT ST LUCIE 34952	Mailing Address 1013 SE HOLBROOK CT PORT ST LUCIE FL 34952-3480
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0786969	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOPKO, JAMES
 2307 S.E. MONTEREY ROAD
 STUART FL 34996

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	BROWN, TERRI	
STREET ADDRESS	2717 SW DISTRICT AVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE	P	<input type="checkbox"/> Delete
NAME	DILLENKOFER, ERIC	
STREET ADDRESS	2382 SW INDEPENDENCE	
CITY-ST-ZIP	PT ST LUCIE FL 34953	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LORINGER, KIM	
STREET ADDRESS	2191 NW 18 DR	
CITY-ST-ZIP	STUART FL 34994	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HIGDON, MARY	
STREET ADDRESS	1614 SE WASHINGTON ST	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FREDERICKSON, JOE	
STREET ADDRESS	1199 NE PINEHILL TERR	
CITY-ST-ZIP	JENSEN BCH FL 34957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, CATHY	
STREET ADDRESS	973 SW CALIFORNIA BLVD.	
CITY-ST-ZIP	PT ST LUCIE, FL 34953	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLENKOFER, ERIK	
STREET ADDRESS	2382 SW INDEPENDENCE RD	
CITY-ST-ZIP	PT ST LUCIE, FL 34953	(CORRECT NAME SPELLING ONLY)
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, MONICA	
STREET ADDRESS	594 SE SOUTHWOOD TRL	
CITY-ST-ZIP	STUART, FL 34997	
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: ERIC DILLENKOFER Date: 4/3/00 Daytime Phone #: 561-337-7001

CR2E037 (9/99)