


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
**2000 UBR**

 FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 NOV 28 PM 2:21

DOCUMENT # **N97000004864**

1. Corporation Name

**KATHLEEN HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2600 CRUTCHFIELD ROAD  
LAKELAND FL 33801

2600 CRUTCHFIELD ROAD  
LAKELAND FL 33801

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

08/26/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3473300

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WHITTLE, LARRY	8018 PARK BYRD ROAD	LAKELAND FL 33810
D	<del>LAWSON, JANCE A</del>	<del>4004 ROLLING OAK DRIVE</del>	<del>LAKELAND FL 33810</del>
D	THOMPSON, MIKE	4246 SIMMS RD	LAKELAND FL 33810
D	DEAN KOULOGIANES	523 EMPRESS WAY	LAKELAND, FL. 33803

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCMILLAN, TIMOTHY C  
2168 MALACHITE DRIVE  
LAKELAND FL 33810

Name

LARRY WHITTLE

Street Address (P.O. Box Number is Not Acceptable)

8018 PARK BYRD RD.

Suite, Apt. #, Etc.

City

LAKELAND

State


FL

Zip Code

33810

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

 **SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **11-20-00**

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

 **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/20/00**  
Date

**863-858-9793**  
Daytime Phone #

CR2E040 (8/00)

DEAR SIRS,

N9700000  
4864

B2

11-20-00

TODAY I RECEIVED NOTICE OF ADMINISTRATIVE  
DISSOLUTION OR REVOCATION FOR DOC # N97000004864  
THIS DOCUMENT WAS PAID, SIGNED AND RETURNED ON  
3-20-00 CHECK # 107 FOR \$61.25.

IN CALLING I WAS TOLD THE FORM WAS RETURNED  
FOR CORRECTIONS. I NEVER RECEIVED THE FORM. I WAS  
TOLD TO MAKE NECESSARY CORRECTIONS ON THE  
NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION  
AND WRITE THIS LETTER TO EXPLAIN AND NO EXTRA  
CHARGES WOULD BE INCURRED.

SINCERELY

LARRY D. WHITTLE

VICE PRESIDENT KHS BOOSTER CLUB

863-858-9793