

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N97000006982**

1. Entity Name

**THE HILLMYER-TREMONT STUDENT ATHLETE FOUNDATION,****FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90189 015 \*\*\*\*\*61.25

Principal Place of Business

**10481 SIX MILE CYPRESS PARKWAY  
FORT MYERS FL 33912**

Mailing Address

**10481 SIX MILE CYPRESS PARKWAY  
FORT MYERS FL 33912**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0803239**

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

**CRIMALDI, SAM B  
10481 SIX MILE CYPRESS PARKWAY  
FORT MYERS FL 33912**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD						
	DONOVAN, LARRY	15561 QUEENSFERRY DRIVE	FORT MYERS FL 33912				
	VD						
	CURRY, JAMES E	1457 DUBONNET COURT S.W.	FORT MYERS FL 33919				
	STD						
	MCMURRAY, DARIN ESO	11574 TIMBERLANE CIRCLE	FORT MYERS FL 33912				

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01

Date

1-941-278-1177 OR  
1-941-931-3800

Daytime Phone #

0001418

CR2E037 (10/00)