

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90177 041 \*\*\*\*70.00

**DOCUMENT # N98000000089**

1. Entity Name

**TARPON SPRINGS HIGH SCHOOL GIRLS BASKETBALL BOOS**

Principal Place of Business

Mailing Address

1411 GULF RD  
 TARPON SPRINGS FL 34689

1411 GULF RD  
 TARPON SPRINGS FL 34689-2714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3538749**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROYAL, JOHN W JR.  
 1411 GULF RD  
 TARPON SPRINGS FL 34689

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

*John W Royal, Jr.*

4/12/00

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	<input checked="" type="checkbox"/> Delete
NAME	HAYES, JOSEPHINE	
STREET ADDRESS	3177 MONTROSE PLACE	
CITY-ST-ZIP	PALM HARBOR FL 34689	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, MARGARET	
STREET ADDRESS	3212 HANSEST MOON DR.	
CITY-ST-ZIP	PAM HARBOR FL 34683	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, KERRY	
STREET ADDRESS	3911 ORCHARD HILL CIR.	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLI, CAROL	
STREET ADDRESS	501 WESTWINDS DRIVE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	(P) Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Siauciunas, Ruta	
STREET ADDRESS	4446 Winding Willow Way	
CITY-ST-ZIP	Palm Harbor FL 34683	
TITLE	(T) Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Palmer, Jack	
STREET ADDRESS	1205 E Lemon St	
CITY-ST-ZIP	Tarpon Springs FL 34689	
TITLE	<del>SD</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>XXXXXXXXXX</del>	
STREET ADDRESS	<del>XXXXXXXXXX</del>	
CITY-ST-ZIP	<del>XXXXXXXXXX</del>	
TITLE	(S) Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timonere, Billie	
STREET ADDRESS	2601 13th Ct	
CITY-ST-ZIP	Palm Harbor FL 34684	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

*Ruta Siauciunas*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00  
 Date

Daytime Phone #

CR2E037 (9/99)