

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

08-29-2003 90095 050-\*\*\*61.25

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DOCUMENT # N98000000089

1. Entity Name

TARPON SPRINGS HIGH SCHOOL GIRLS BASKETBALL BOOSTERS, INC.



03 SEP -5 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1411 GULF RD  
TARPON SPRINGS FL 34689

Mailing Address

1411 GULF RD  
TARPON SPRINGS FL 34689

2. Principal Place of Business

3. Mailing Address



☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3538749

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GAVIN, BEVERLY  
2163 ORANGEPOINTE AVE.  
PALM HARBOR FL 34683

Name Margaret B. Watkins

Street Address P.O. Box Number is Not Acceptable

3215 Westcott Court

City Palm Harbor, FL

FL

Zip Code 34684

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Margaret B. Watkins

8-26-03

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SIACIUNAS, CHARLES	
STREET ADDRESS	4448 WINDING WILLOW DR.	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SIZUCIUNAS, RUTA	
STREET ADDRESS	4448 WINDING WILLOW DR.	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GAVIN, BEVERLY	
STREET ADDRESS	2163 ORANGEPOINTE AVE.	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael G. Bowen	
STREET ADDRESS	2948 Shannon Circle	
CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gordon Watkins	
STREET ADDRESS	3215 Westcott Ct	
CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Margaret B. Watkins	
STREET ADDRESS	3215 Westcott 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

PR 9/5

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:

Margaret B. Watkins

8-26-03

727-458-2216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)