

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


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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000089					
1. Entity Name TARPON SPRINGS HIGH SCHOOL GIRLS BASKETBALL BOOSTERS, INC.					
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			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3538749 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. 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 <i>Margaret B. Watkins</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>3215 Westcott Court</i>		
			City <i>Palm Harbor, FL</i>		State FL
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 <i>Margaret B. Watkins</i>				DATE <i>8-26-03</i>	
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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIJUCIUNAS, CHARLES		NAME	<i>Michael G Bowen</i>	
STREET ADDRESS	4448 WINDING WILLOW DR.		STREET ADDRESS	<i>2948 Shannon Circle</i>	
CITY-ST-ZIP	PALM HARBOR FL 34683		CITY-ST-ZIP	<i>Palm Harbor, FL 34684</i>	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIZUCIUNAS, RUTA		NAME	<i>Gordon Watkins</i>	
STREET ADDRESS	4448 WINDING WILLOW DR.		STREET ADDRESS	<i>3215 Westcott Ct</i>	
CITY-ST-ZIP	PALM HARBOR FL 34683		CITY-ST-ZIP	<i>Palm Harbor, FL 34684</i>	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAVIN, BEVERLY		NAME	<i>Margaret B. Watkins</i>	
STREET ADDRESS	2163 ORANGEPOINTE AVE.		STREET ADDRESS	<i>3215 Westcott Ct</i>	
CITY-ST-ZIP	PALM HARBOR FL 34683		CITY-ST-ZIP	<i>Palm Harbor, FL 34684</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Margaret B. Watkins</i>		DATE: <i>8-26-03</i>		DAYTIME PHONE #: <i>727-458-2216</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	

CR2E037 (10/02)