

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000183

1. Entity Name

TARPON SPRINGS HIGH FOOTBALL BOOSTERS, INC.

Principal Place of Business

1411 GULF ROAD
TARPON SPRINGS FL 34689

Mailing Address

1411 GULF ROAD
TARPON SPRINGS FL 34689-2714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3564917

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

DAVIS, DON
1411 GULF ROAD
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

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
NAME JENKINS, JOY
STREET ADDRESS 1511 SAVANNAH AVE
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☒ Delete

TITLE PD
NAME Alice Vance
STREET ADDRESS 1745 Hunter Ln.
CITY-ST-ZIP Tarpon Springs FL 34689 ☐ Change ☒ Addition

TITLE VD
NAME GIALOUSIS, RENEE
STREET ADDRESS 1025 S. FLORIDA AVE
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☒ Delete

TITLE VD
NAME STEPHANIE ROBERTO
STREET ADDRESS 4942 POINTE CK
CITY-ST-ZIP OLOSMAR FLA 34677 ☐ Change ☒ Addition

TITLE SD
NAME KARAPHILLIS, CONNIE
STREET ADDRESS 3926 SILHOUETTE LANE
CITY-ST-ZIP HOLIDAY FL 34691 ☒ Delete

TITLE SD
NAME Kelly Arnold
STREET ADDRESS 171 W. Klosterman Rd.
CITY-ST-ZIP Tarpon Springs FL 34689 ☐ Change ☒ Addition

TITLE TD
NAME HENDRICKS, CHARLOTTE
STREET ADDRESS 2337 PINNACLE CIRCLE N.
CITY-ST-ZIP PALM HARBOR FL 34684 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-00

Date

Daytime Phone #

(727) 944-2962



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)