

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 21, 2002 8:00 am
Secretary of State

05-21-2002 91239 029 ****61.25

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3564917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JANCE, ALICE
1745 HUNTER LANE
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name

ARNOLD, KELLY

Street Address (P.O. Box Number is Not Acceptable)

171 W. KLOSTERMAN RD

City

TARPON SPRINGS,

FL

Zip Code

34689

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

Kelly Arnold Kelly Arnold

4-28-02

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

TITLE	PD	☒ Delete
NAME	VANCE, ALICE	
STREET ADDRESS	1745 HUNTER LANE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	VD	☒ Delete
NAME	BUCHKOVICH, STEVE	
STREET ADDRESS	2095 N POINTE ALEXIS DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	SD	☐ Delete
NAME	ARNOLD, KELLY	
STREET ADDRESS	171 W KLOSTERMAN RD	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	TD	☒ Delete
NAME	BUCHKOVICH, LAURA	
STREET ADDRESS	2095 N POINTE ALEXIS DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	ARNOLD, KELLY	
STREET ADDRESS	171 W. Klosterman Rd	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	VD	☐ Change ☒ Addition
NAME	MENNONE, PAT	
STREET ADDRESS	2610 Knoll ST West	
CITY-ST-ZIP	Palm Harbor FL 34683	
TITLE	SD	☐ Change ☒ Addition
NAME	PATTERSON, PRICILLA	
STREET ADDRESS	1356 Hillside DR	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	TD	☐ Change ☒ Addition
NAME	MIOGETTE, KAREN	
STREET ADDRESS	1218 Paradise Lake DR.	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)