

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001006

1. Entity Name

HILLSBOROUGH HIGH SCHOOL ATHLETIC BOOSTERS CLUB,

Principal Place of Business

13909 SHADY SHORE DRIVE
TAMPA FL 33613

Mailing Address

13909 SHADY SHORE DRIVE
TAMPA FL 33613-1930

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

59-3532637

Applied For

Not Applicable

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

MINCEY, DON
13909 SHADY SHORE DRIVE
TAMPA FL 33613

Name

GARY ROBINSON

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

15102 LAKE MAGDALENE BOULEVARD
TAMPA, FL

City

FL

Zip Code

33618-1704

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

Donald R Mincey
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/00

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	D	<input type="checkbox"/> Delete
NAME	MINCEY, DON	
STREET ADDRESS	13909 SHADY SHORE DRIVE	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIVARD, CAROL	
STREET ADDRESS	5910 HAMMOCK WOODS DRIVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, GARY	
STREET ADDRESS	15102 LAKE MAGDALENE BOULEVARD	
CITY-ST-ZIP	TAMPA FL 33618-1704	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELOVICH, MARIE	
STREET ADDRESS	6305 SECRET COURT	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK CATTANI	
STREET ADDRESS	5379 BLACK PINE DR	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIM MACALISTER	
STREET ADDRESS	18827 JIRETZ RD	
CITY-ST-ZIP	ODESSA, FL 33556	
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		

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:

Donald R Mincey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90122 036 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)