

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

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90151 027 *****61.25

DOCUMENT # N98000001404

1. Entity Name

GULF COAST ALL SPORTS BOOSTERS CLUB, INC.



Principal Place of Business

**7878 IMMOKALEE ROAD
NAPLES FL 34119**

Mailing Address

**7878 IMMOKALEE ROAD
NAPLES FL 34119**

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 **59-3485872**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SATHER, LAWRENCE D
C/O GULF COAST HIGH SCHOOL
7878 IMMOKALEE ROAD
NAPLES FL 34119**

7. Name and Address of New Registered Agent

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

SIGNATURE

Lawrence D Sather

5/1/03

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	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, GREGORY	
STREET ADDRESS	3303 PORT PLEASANT CT	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LIDGARD, SHERYL	
STREET ADDRESS	5810 10TH AV NW	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POORE, SANDY	
STREET ADDRESS	361 12TH ST NE	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHOEMAKER, ROGER	
STREET ADDRESS	3210 15TH AV SW	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEELMAN, CAROLEE	
STREET ADDRESS	5920 10TH AV NW	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tina CLAWSON	
STREET ADDRESS	315 21st St SW	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debra Phillips	
STREET ADDRESS	304 15th St NW	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debra Oaden	
STREET ADDRESS	260 4th St NE	
CITY-ST-ZIP	NAPLES FL 34120	
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:

Carolee Steelman

4-30-03

235-594-0690

CR2E037 (10/02)