

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001514

1. Entity Name

TARPON SPRINGS HIGH SCHOOL SOCCER BOOSTERS, INC.

Principal Place of Business

Mailing Address

2875 Oak Tree Lane
Palm Harbor, FL 34684

2875 Oak Tree Lane
Palm Harbor, FL 34684

2. Principal Place of Business

2875 Oak Tree Lane

3. Mailing Address

2875 Oak Tree Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Harbor, FL

City & State

Palm Harbor, FL

4. FEI Number

59-3575458

Applied For

Not Applicable

Zip

34684

Country

Pinellas

Zip

34684

Country

Pinellas

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

Ramon Carrion, P.A.
28100 U.S. 19 N.
Suite 502
Clearwater, FL 33761

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

TITLE PD ☐ Delete
NAME BERGREN, SANDY
STREET ADDRESS 2875 OAK TREE LANE
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE VD ☐ Delete
NAME CASTILLEJO, AL
STREET ADDRESS 1348 ROLLINGWOOD COURT
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE SD ☐ Delete
NAME DRESCHER, NANCY
STREET ADDRESS 762 BAYSHORE DRIVE
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE TD ☐ Delete
NAME REVELL, ROXANNE
STREET ADDRESS 1866 WHISPERING WAY
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE D ☐ Delete
NAME FREIERMUTH, JOHN
STREET ADDRESS 708 SPARROW AVENUE
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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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: Sandy Bergren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-21-01

727-538-4466

Date

Daytime Phone #

CR2E037 (11/00)