

Amended

**2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # *N 98000001689*

1. Entity Name

*Palm Harbor Elementary Booster, Inc.*

Principal Place of Business

*Palm Harbor  
Elementary School*

Mailing Address

*415 15th Street  
Palm Harbor,  
Fl. 34683*

2. Principal Place of Business

*— same as above —*

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

*Palm Harbor Fl.*

City &amp; State

*Palm Harbor Fl.*

Zip

*34683*

Country

*U.S.A.*

Zip

*34683*

Country

*U.S.A.*

4. FEI Number

*593500552*

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

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 reinstalling)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**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	<i>President</i>	<input checked="" type="checkbox"/> Delete
NAME	<i>Deborah Barnes</i>	
STREET ADDRESS	<i>1658 Castlewood Lane</i>	
CITY-ST-ZIP	<i>Palm Harbor, Fl. 34683</i>	

TITLE	<i>President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Bradley J. Henningsen</i>	
STREET ADDRESS	<i>1728 Powder Ridge Dr.</i>	
CITY-ST-ZIP	<i>Palm Harbor, 34683</i>	

TITLE	<i>Sec.</i>	<input checked="" type="checkbox"/> Delete
NAME	<i>Sandi Phillips</i>	
STREET ADDRESS	<i>1834 melanie way</i>	
CITY-ST-ZIP	<i>Palm Harbor FL 34683</i>	

TITLE	<i>Vice President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Jo Ann Henningsen</i>	
STREET ADDRESS	<i>1728 Powder Ridge Drive</i>	
CITY-ST-ZIP	<i>Palm Harbor, Fl. 34683</i>	

TITLE	<i>Sec.</i>	<input type="checkbox"/> Delete
NAME	<i>Susan Bowles</i>	
STREET ADDRESS		
CITY-ST-ZIP	<i>Palm Harbor, Fl. 34683</i>	

TITLE	<i>Secretary</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Phyllis King</i>	
STREET ADDRESS		
CITY-ST-ZIP	<i>Palm Harbor, Fl. 34683</i>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<i>Treasurer</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Lori Smith</i>	
STREET ADDRESS		
CITY-ST-ZIP	<i>Palm Harbor, Fl. 34683</i>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<i>LS</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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: *Bradley J. Henningsen Pres. Bradley J. Henningsen* 9/20/01 724-9161 (727)

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)