

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002977

1. Entity Name

BLOODHOUND FOOTBALL BOOSTERS INC

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90417 030 \*\*\*\*61.25

Principal Place of Business Mailing Address  
P O BOX 284 P O BOX 284  
AUBURNDALE, FL. 33823 AUBURNDALE, FL. 33823

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3523396

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PARRISH, DON~~  
~~121 AUBURN ROAD~~  
~~AUBURNDALE, FL. 33823~~

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete  
NAME PORTER, TOM  
STREET ADDRESS 234 CLINTON ST  
CITY-ST-ZIP AUBURNDALE, FL 33823

TITLE D ☐ Change ☐ Addition  
NAME HARRISON, KENNETH R  
STREET ADDRESS 310 BOLENDER ROAD  
CITY-ST-ZIP AUBURNDALE, FL 33823

TITLE DS ☐ Delete  
NAME BENNETT, KATHY  
STREET ADDRESS 114 PERRY ST  
CITY-ST-ZIP AUBURNDALE, FL 33823

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT ☐ Delete  
NAME PARRISH, DON  
STREET ADDRESS 121 AUBURN ROAD  
CITY-ST-ZIP AUBURNDALE, FL 33823

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BENNETT, BRAD  
STREET ADDRESS 114 PERRY ST  
CITY-ST-ZIP AUBURNDALE, FL 33823

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME PARRISH, WANDA  
STREET ADDRESS 121 AUBURN ROAD  
CITY-ST-ZIP AUBURNDALE, FL 33823

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MORRIS, LAURA  
STREET ADDRESS 3043 OLD DIXIE HWY  
CITY-ST-ZIP AUBURNDALE, FL 33823

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

4-28-2000(863)-967-1841