

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90079 021 ****61.25

DOCUMENT # N98000004472

1. Entity Name

RIVERVIEW HIGH SCHOOL ATHLETIC BOOSTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**11311 BOYETTE RD
RIVERVIEW FL 33569**

**11311 BOYETTE RD
RIVERVIEW FL 33569**

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

59-3524002

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

**MAZUR, THOMAS J
8139 REVELS RD
RIVERVIEW FL 33569**

Name

Jerry Rausch

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

11707 S. Stone Lane

City

Riverview

FL

Zip Code

33569

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

Jerry A. Rausch

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 **D** ☒ Delete
NAME **MAZUR, THOMAS J**
STREET ADDRESS **8139 REVELS RD**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **D** ☐ Change ☒ Addition
NAME **Jerry Rausch**
STREET ADDRESS **11707 S. Stone Lane**
CITY-ST-ZIP **Riverview, FL 33569**

TITLE **D** ☐ Delete
NAME **THOMAS, STEVE**
STREET ADDRESS **16001 BOYETTE RD**
CITY-ST-ZIP **RIVERVIEW FL 33569**

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

TITLE **D** ☒ Delete
NAME **FRENCH, ANITA**
STREET ADDRESS **2004 NATRONA CT**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE **D** ☐ Change ☒ Addition
NAME **Fran Robinson**
STREET ADDRESS **4112 Spring Way Circle**
CITY-ST-ZIP **Valrico, FL 33594**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

Stephen D. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02

Date

(813)671-5045

Daytime Phone #

CR2E037 (9/01)