

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004693

1. Entity Name

DUNEDIN HIGH SCHOOL CHEERLEADERS BOOSTERS, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90144 026 ****61.25

Principal Place of Business

2180 CHAPARRAL WAY
DUNEDIN FL 34698

Mailing Address

2180 CHAPARRAL WAY
DUNEDIN FL 34698

2. Principal Place of Business

2899 TURTLE TERRACE

3. Mailing Address

2899 TURTLE TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

City & State

PALM HARBOR, FL

4. FEI Number

59-3532679

Applied For

Not Applicable

Zip

34683

Country

USA

Zip

34683

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAUNDERS, JOYCE
2180 CHAPARRAL WAY
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name: DIANE COLLINSON

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

2899 TURTLE TERRACE

City

PALM HARBOR

FL

Zip Code

34683

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

DCollinson

01/10/01

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 NAME STREET ADDRESS CITY-ST-ZIP	DP NEYER, DEBBIE 172 MAYFAIR CIR W PALM HARBOR FL 34683	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ZIMMERMAN, APRIL 1925 SOURWOOD BLVD DUNEDIN FL 34698	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ANGELLIS, DE DE 1625 SAN ROX DRIVE DUNEDIN FL 34698	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SAUNDERS, JOYCE 2180 CHAPARRAL WAY DUNEDIN FL 34698	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZIMMERMAN, APRIL 1925 SOURWOOD BLVD DUNEDIN, FL 34698	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MILLER, MARCIA 1017 GREENWAY AVE DUNEDIN FL 34698	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JAYNE-MEYER 2014 SPANISH PINES DRIVE PALM HARBOR FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DIANE COLLINSON 2899 TURTLE TERRACE PALM HARBOR FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

DCollinson RECDIANEE COLLINSON

01/10/01

727-733-6540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)