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**FILED**
**Jul 24, 2002 8:00 am**
**Secretary of State**
06-11-2002 90393 040 ****70.00

# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004693

1. Entity Name
Dunedin High School Cheerleaders Boosters, Inc

**DO NOT WRITE IN THIS SPACE**

39497

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Dunedin High School | Dunedin High School |
| Suite, Apt. #, etc. 1651 Pinehurst Rd. | Suite, Apt. #, etc. 1651 Pinehurst Rd. |
| City & State Dunedin, FL | City & State Dunedin, FL |
| Zip 34698 Country US | Zip 34698 Country US |

DO NOT WRITE IN THIS SPACE

4. FEI Number 593532679 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Jean Lewis

Street Address (P.O. Box Number is Not Acceptable): 1893 Briarwood St.

City: Dunedin FL Zip Code: 34698

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: Jean Lewis 6/6/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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 P<br>NAME Jean Lewis – T<br>STREET ADDRESS 1893 Briarwood St.<br>CITY-ST-ZIP Dunedin, FL 34698 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE V<br>NAME June Costello – T<br>STREET ADDRESS 2464 Bayshore Blvd<br>CITY-ST-ZIP Dunedin, FL 34698 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE T<br>NAME Barbara Porter – T<br>STREET ADDRESS 931 Grovewood Dr.<br>CITY-ST-ZIP Dunedin, FL 34698 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE S<br>NAME Karen Ringelspaugh – T<br>STREET ADDRESS 1052 Bass Blvd<br>CITY-ST-ZIP Dunedin, FL 34698 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |

**DO NOT WRITE IN THIS SPACE**

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jean Lewis 6/6/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #