2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jan 16, 2003 8:00 am Secretary of State DOCUMENT # N98000004693 01-16-2003 90112 007 ****70.00 DUNEDIN HIGH SCHOOL CHEERLEADERS BOOSTERS, INC. Principal Place of Business Mailing Address DUNEDIN HIGH SCHOOL **DUNEDIN HIGH SCHOOL** 1651 PINEHURST RD 1651 PINEHURST RD **DUNEDIN FL 34698 DUNEDIN FL 34698** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-3532679 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEWIS, JEAN Street Address (P.O. Box Number is Not Acceptable) 1893 BRIARWOOD ST **DUNEDIN FL 34698** 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. I am familiar with, and accept the obligations of registered agent/ SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Datete TITLE ☐ Change ☐ Addition LEWIS, JEAN NAME STREET ADDRESS 1893 BRIARWOOD ST STREET ADDRESS **CR2E037** CITY-ST-ZIP **DUNEDIN FL 34698** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition COSTELLO, JUNE NAME NAME STREET ADDRESS 2464 BAYSHORE BLVD STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL 34698** CITY-ST-ZIP TITLE □ · Delete · शश ह PORTER, BARBARA NAME NAME STREET ADDRESS 931 GROVEWOOD DR STREET ADDRESS CITY-ST-7IP **DUNEDIN FL 34698** CITY-ST-ZIP TITLE ☐ Delete TITLE ELSPAUGH_KAREN R NAME NAME 1052 BASS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL 34698** CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS

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.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

FILED