

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005272

1. Entity Name

GULF COAST HIGH SCHOOL ACADEMIC BOOSTERS CLUB, I

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90247 017 ****61.25

Principal Place of Business

Mailing Address

**7878 IMMOKALEE RD
 NAPLES FL 34119**

**7878 IMMOKALEE RD
 NAPLES FL 34119-9717**

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

65-0867993

Applied For

Not Applicable

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

**YULES, MELANIE DR.
 7878 IMMOKALEE RD
 NAPLES FL 34119**

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 Delete
 NAME **PD BOETTGER, PAM**
 STREET ADDRESS **481 12TH AVE NW**
 CITY-ST-ZIP **NAPLES FL 34120**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD SPILLER, FERNE**
 STREET ADDRESS **2610 6TH AVE NE**
 CITY-ST-ZIP **NAPLES FL 34120**

TITLE Change Addition
 NAME **VD Bonnie Dery**
 STREET ADDRESS **3201 1st Ave N.W.**
 CITY-ST-ZIP **Naples, FL 34119**

TITLE Delete
 NAME **TD CAVUOTO, RITA**
 STREET ADDRESS **4888 POND APPLE DR N**
 CITY-ST-ZIP **NAPLES FL 34119**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD LARRISON, CINDY**
 STREET ADDRESS **6061 14TH AVE NW**
 CITY-ST-ZIP **NAPLES FL 34119**

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: Rita Caruoto **REGISTERED Treasurer Rita Caruoto 1-12-00 941 592 1946**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2FR37 (3/98) (1)