

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

0073009

**DOCUMENT # N98000005272**

1. Entity Name

**GULF COAST HIGH SCHOOL ACADEMIC BOOSTERS CLUB, I**

04-26-2001 90135 015 \*\*\*\*61.25

Principal Place of Business

**7878 IMMOKALEE RD  
 NAPLES FL 34119**

Mailing Address

**7878 IMMOKALEE RD  
 NAPLES FL 34119**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0867993**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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

*Dr. Melanie R. Yules*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

*4/17/01*

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	BOETTGER, PAM	481 12TH AVE NW	NAPLES FL 34120	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	DERY, BONNIE	3201 1ST AVE N.W.	NAPLES FL 34119	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	CAVUOTO, RITA	4888 POND APPLE DR N	NAPLES FL 34119	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	LARRISON, CINDY	6061 14TH AVE NW	NAPLES FL 34119	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*Pam Boettger President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/17/01*

Date

*(941) 593 2600*

Daytime Phone #

CR2E037 (10/00)