2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR DOCUMENT # N9800005961

1. Entity Name

TARPON SPRINGS HIGH SCHOOL BASEBALL BOOSTER, INC



Mailing Address Principal Place of Business TARPON SPRINGS HIGH SCHOOL 1411 GULF ROAD **TTOOTAX**4 TARPON SPRINGS FL 34689 1411 GULF ROAD TARPON SPRINGS FL 34689 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES - City & State City & State 4. FEI Number 59-3635585 Applied For Not Applicable Zip Country 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 MIDGETTE, KAREN W 1218: PARADISE LAKE DRIVE **TARPON SPRINGS FL 34689** City 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 Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD THE Delete TITLE PD Change O _ Addition ivernois GIANESKIS, ANNE . NAME NAME Kenneth 1106 E Lemon STREET ADDRESS 106 COLONY S.DRIVE STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS L 34689 CITY-\$T-ZIP VPD ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME SHANK, JUDY NAME STREET ADDRESS 1074 ROUNDSTONE PLACE STREET ADDRESS CITY-ST-ZIP -PALM HARBOR FL 34683 CITY-ST-ZIP reasurer Doreen Selbu TITLE TITLE $\mathcal{T} \mathcal{D}$ Changel Addition ☐ Delete ATHENS, ROSIE NAME NAME 506 Harmony TARPON Springs, Fl. 3469 STREET ADDRESS 2668 RIDGE LANE STREET ADDRESS CITY-ST-ZIP PALM HARBÓR FL 34684 CITY,-ST-ZIP Livernois Lemon St Delete SD TITLE cherie TITLE NAME MIDGETTE, KAREN NAME 3 2011: STREET ADDRESS 1218 PARADISE LAKE DR. STREET ADDRESS TARPON Springs, Fl. 34689 CITY-ST-ZIP Tarpon Springs FL 34689 CITY-ST-ZIP TITLE ☐ 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 STREET ADDRESS CITY-ST-7IP 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 attachm with an address, with all other like empowered.

SIGNATURE:

FILED

Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90451 027 ****61.25