

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90022 042 ****70.00

DOCUMENT # N98000006116
 1. Entity Name
 Florida Everblades Booster Club

Principal Place of Business Mailing Address
 11000 Everblades Pkwy
 Estero FL 33928

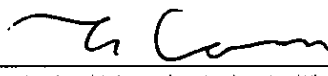
2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
 59-3549429 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
 Cusimano, Barbara
 9132 Aster Rd
 Ft Myers FL 33912

7. Name and Address of New Registered Agent
 Name Mark Cooper
 Street Address (P.O. Box Number is Not Acceptable) 11000 Everblades Pkwy
 City Estero FL Zip Code 33928

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  MARK COOPER PRESIDENT 4/25/00
 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

TITLE NAME	DP Cusimano, Barbara	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9132 Aster Rd	
CITY-ST-ZIP	Ft Myers FL 33912	
TITLE NAME	DT Doupe, Sandra	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	13584 Tampa Rd	
CITY-ST-ZIP	Ft Myers FL 33912	
TITLE NAME	DS Davidson, Signid	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	17420 Homewood Rd	
CITY-ST-ZIP	Ft Myers FL 33912	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DP Cooper, Mark	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	11000 Everblades Pkwy	
CITY-ST-ZIP	Estero FL 33928	
TITLE NAME	DVP France, Paul	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3064 54th St. SW	
CITY-ST-ZIP	Naples FL 34110	
TITLE NAME	DVP Christiansen, Keith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1000 Wiggins Pkwy Rd #117	
CITY-ST-ZIP	Naples FL 34110	
TITLE NAME	DT Byington, Martin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	728 Ardson Ct.	
CITY-ST-ZIP	Ft Myers FL 33913	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  MARK COOPER PRESIDENT 4/25/00 941 637-2183
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)