

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006116

1. Entity Name

FLORIDA EVERBLADES BOOSTER CLUB, INC.

Principal Place of Business

11000 EVERBLADES PKWY
ESTERO FL 33928

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

59-3549429

Applied For

Not Applicable

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

COOPER, MARK
11000 EVERBLADES PKWY
ESTERO FL 33928

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CUSIMANO, BARBARA
9132 ASTER RD.
FT. MYERS FL 33912 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Mark Cooper
PO Box 2211
Ft. Myers, FL 33902 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
DOUPE, SANDRA
18584 TAMPA RD
FT. MYERS FL 33912 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/P
Dan Smith
19565 Charleston Circle
Ft Myers, FL 33917 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
DAVIDSON, SIGRID
17420 HOMEWOOD RD
FT MYERS FL 33912 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Doug Byington
728 Ardson Ct.
Ft. Myers, FL 33913 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: ~~X SIGNATURE REQUIRED~~ MARK A. COOPER 1-5-01 9416322183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)