2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000006116

Entity Name: FLORIDA EVERBLADES BOOSTER CLUB, INC.

FILED Feb 20, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11000 EVERBLADES PKWY ESTERO, FL 33928

Current Mailing Address: New Mailing Address:

11000 EVERBLADES PKWY ESTERO, FL 33928

FEI Number: 59-3549429 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COOPER, MARK

11000 EVERBLADES PKWY

ESTERO, FL 33928

BYINGTON, MARTIN D

11000 EVERBLADES PKWY

ESTERO, FL 33928

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: MARTIN D. BYINGTON 02/20/2003

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: COOPER, MARK Name: BYINGTON, MARTIN

 Address:
 PO BOX 2211
 Address:
 728 ARDSON CT

 City-St-Zip:
 FT. MYERS, FL 33902
 City-St-Zip:
 FT MYERS, FL 33913

Title: VPD () Delete Title: VPD (X) Change () Addition

 Name:
 SMITH, DAN
 Name:
 HILL, GERRY

 Address:
 19565 CHARLESTON CIRCLE
 Address:
 8458 BEACON BLVD

 City-St-Zip:
 FORT MYERS, FL 33917
 City-St-Zip:
 FT MYERS, FL 33907

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 HEDIDENREICH, NANCY
 Name:
 LEVY, JENNIFER

 Address:
 18509 WINTER HAVEN
 Address:
 3263 CITRON DR

 City-St-Zip:
 FORT MYERS, FL 33912
 City-St-Zip:
 NAPLES, FL 34120

Title: S () Delete Title: SD (X) Change () Addition Name: SMITH, JANE OLLAS Name: CHRISTIANSEN, KIMBERLY Address: 301 NE 16TH PL. Address: 1000 WIGGINS PASS RD LOT #46

City-St-Zip: CAPE CORAL, FL 33993 City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN D. BYINGTON PD 02/20/2003