

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

04-28-2001 90027 029 ****61.25

DOCUMENT # N98000006140

1. Entity Name

TORNADO SPIRIT BOOSTERS, INC.

Principal Place of Business

**540 S. HERCULES
 CLEARWATER FL 33675**

Mailing Address

**540 S. HERCULES
 CLEARWATER FL 33675**

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

59-3456704

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**ICENOGLE, ZORINA W
 C/O CLEARWATER HIGH SCHOOL
 540 S. HERCULES
 CLEARWATER FL 33765**

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 use 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	PD STEWART, KAREN 1905 MCKINLEY RD CLEARWATER FL 33765	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HENLEY, HILDA 512 VIRGINIA LANE CLEARWATER FL 33764	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ICENOGLE, ZORINA 2765 KUMQUAT CLEARWATER FL 33159	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOKWA, KIM 1121 MACRAE AVE CLEARWATER FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Henley, Hilda 512 Virginia Lane Clearwater, FL 33764	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Emily Schmidt 608 Madera Ave Clearwater, FL 33759	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Mokwa, Kim 1121 Macrae Ave. Clearwater, FL 33755	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Sue Jakubzak 935 Lake Forest Rd Clearwater, FL 33765	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Hilda Henley 5-24-01 (727) 588-6112

CR2E037 (10/00)