

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006754

1. Entity Name

DUNEDIN HIGH SCHOOL BOYS BASKETBALL BOOSTER CLUB

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90008 044 ****61.25

Principal Place of Business

1651 PINEHURST RD
DUNEDIN FL 34698

Mailing Address

1286 STONEY BROOK LN.
DUNEDIN FL 34698

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

59-3548610

Applied For

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

7. Name and Address of New Registered Agent

BODDEN, GENE P
1286 STONEY BROOK LN
DUNEDIN FL 34698

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	DP	<input type="checkbox"/> Delete
NAME	BODDEN, GENE P	
STREET ADDRESS	1286 STONEY BROOK LN	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ANDERSON, DEAN	
STREET ADDRESS	2046 BRENDLA RD	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SCHAIBLY, SHERRY	
STREET ADDRESS	989 SAN SALVADOR DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

Gene P. Bodden 4/3/00 (800)282-0001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REF 037 (9/99)