

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007064

1. Entity Name

ELHS CONSOLIDATED BOOSTERS, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90055 041 \*\*\*\*65.00

Principal Place of Business

1300 SILVER EAGLE DRIVE  
TARPON SPRINGS FL 34689

Mailing Address

1300 SILVER EAGLE DRIVE  
TARPON SPRINGS FL 34689-9101

2. Principal Place of Business

1300 Silver Eagle Drive

3. Mailing Address

P.O. Box 1633

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tarpon Springs, FL

City & State

Oldsmar Florida

Zip

34689

Country

USA

Zip

34677

Country

USA

4. FEI Number

59-3546958

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, DAVID

1300 SILVER EAGLE DRIVE  
TARPON SPRINGS FL 34669

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete  
NAME **ZIMMERMAN, MARILYN**  
STREET ADDRESS **1300 SILVER EAGLE DRIVE**  
CITY-ST-ZIP **TARPON SPRINGS FL 34669**

TITLE **D** ☒ Delete  
NAME **PUSATERS, LEE ANN**  
STREET ADDRESS **1300 SILVER EAGLE DRIVE**  
CITY-ST-ZIP **TARPON SPRINGS FL 34669**

TITLE **D** ☐ Delete  
NAME **BOWEN, SUE**  
STREET ADDRESS **1300 SILVER EAGLE DRIVE**  
CITY-ST-ZIP **TARPON SPRINGS FL 34669**

TITLE **D** ☒ Delete  
NAME **KARR, ANDY**  
STREET ADDRESS **1300 SILVER EAGLE DRIVE**  
CITY-ST-ZIP **TARPON SPRINGS FL 34669**

TITLE **D** ☐ Delete  
NAME **MILLARD, MIKE**  
STREET ADDRESS **1300 SILVER EAGLE DRIVE**  
CITY-ST-ZIP **TARPON SPRINGS FL 34669**

TITLE **D** ☒ Delete  
NAME **MYERS, SUE**  
STREET ADDRESS **1300 SILVER EAGLE DRIVE**  
CITY-ST-ZIP **TARPON SPRINGS FL 34669**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition  
NAME **PAT DEMAS**  
STREET ADDRESS **885 CRESTRIDGES CIRCLE**  
CITY-ST-ZIP **TARPON SPRINGS, FL 34669**

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

TITLE ☐ Change ☒ Addition  
NAME **LINDA MEYERS**  
STREET ADDRESS **1300 SILVER EAGLE DRIVE**  
CITY-ST-ZIP **TARPON SPRINGS, FL 34669**

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

TITLE ☐ Change ☐ 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: *Marilyn Zimmerman* MARILYN ZIMMERMAN 4/24/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)