

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007226

1. Entity Name

DUNEDIN HIGH SCHOOL TOUCHDOWN BOOSTER CLUB, INC.

Principal Place of Business

1651 PINEHURST ROAD  
DUNEDIN FL 34698

Mailing Address

1651 PINEHURST ROAD  
DUNEDIN FL 34698

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3580990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EVERETT, MARK  
1651 PINEHURST ROAD  
DUNEDIN FL 34698

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

*Same*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

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 PD  
NAME KRAMER, BOB  
STREET ADDRESS 1215 DINNERBELL LANE  
CITY-ST-ZIP DUNEDIN FL 34698 ☐ Delete

TITLE SD  
NAME BURE, SARAH  
STREET ADDRESS 1856 LAGRANDE DRIVE  
CITY-ST-ZIP DUNEDIN FL 34698 ☐ Delete

TITLE TD  
NAME CLARK, LYNN  
STREET ADDRESS 2249 BRANDYWINE DRIVE  
CITY-ST-ZIP DUNEDIN FL 34698 ☐ Delete

TITLE DV  
NAME MCCSUKER, PAT  
STREET ADDRESS 1908 SOURWOOK BLVD  
CITY-ST-ZIP DUNEDIN FL 34698 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/01

727 469 4100

CR2E037 (10/00)

FILED  
May 18, 2001 8:00 am  
Secretary of State

05-18-2001 91577 034 \*\*\*\*61.25

A0069817



DO NOT WRITE IN THIS SPACE