

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000458

1. Entity Name

HURRICANE BASEBALL BOOSTER CLUB OF PALM HARBOR,

Principal Place of Business

Mailing Address

1900 OMAHA STREET  
PALM HARBOR FL 34683

1900 OMAHA STREET  
PALM HARBOR FL 34683-3546

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

59-3563475

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

PACHIK, MIKE  
12450 AUTOMOBILE BLVD.  
CLEARWATER FL 33762

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 D ☐ Delete  
NAME CLAWSON, KEN  
STREET ADDRESS 1900 OMAHA ST.  
CITY-ST-ZIP PALM HARBOR FL 34683

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

TITLE D ☒ Delete  
NAME DAVIS, BONNIE  
STREET ADDRESS P.O. BOX 1100  
CITY-ST-ZIP CRYSTAL BEACH FL 34681

TITLE ☐ Change ☒ Addition  
NAME R J BELL  
STREET ADDRESS 1563 WILLOW BROOK DR  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE D ☒ Delete  
NAME PIKRAMENOS, PATTI  
STREET ADDRESS 210 COE ROAD  
CITY-ST-ZIP BELLEAIR FL 33756

TITLE ☐ Change ☒ Addition  
NAME MIKE PACHIK  
STREET ADDRESS 12450 AUTOMOBILE BLVD  
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE D ☒ Delete  
NAME CLIPPARD, DEBBIE  
STREET ADDRESS 2098 SIMEON DR.  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ Change ☒ Addition  
NAME CINDY BOLDEN  
STREET ADDRESS 2948 SHANNON CIRCLE  
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE D ☒ Delete  
NAME STIMSON, JO  
STREET ADDRESS P.O. BOX 83  
CITY-ST-ZIP CRYSTAL BEACH FL 34681

TITLE ☐ Change ☒ Addition  
NAME PHYLLIS RAY  
STREET ADDRESS 2333 BARCELONA DR  
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/2000

813-801-4119

Date

Daytime Phone #

CR2E037 (9/99)