

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90101 015 \*\*\*\*61.25

**DOCUMENT # N99000000699**

1. Entity Name

**TARPON SPRINGS HIGH SCHOOL AGRISCIENCE BOOSTERS, INC.**

Principal Place of Business

Mailing Address

**1411 GULF ROAD WEST  
TARPON SPRINGS FL 34689**

**23 E TARPON AVE  
TARPON SPRINGS FL 34689**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3557583**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**42331**



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KLIMIS, GEORGE N  
23 E TARPON AVE  
TARPON SPRINGS FL 34689**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
min. will be \$236.25.**

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 ☐ Delete  
NAME **VD**  
STREET ADDRESS **FLAMMER, JIM**  
CITY-ST-ZIP **41975 US HWY. 19 NO.  
TARPON SPRINGS FL 34689**

TITLE ☐ Change ☐ Addition  
NAME **PRESIDENT & DIRECTOR**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **STD**  
STREET ADDRESS **LANE, ANNE**  
CITY-ST-ZIP **2669 ST. ANDREWS BLVD.  
TARPON SPRINGS FL 34689**

TITLE ☐ Change ☒ Addition  
NAME **STD**  
STREET ADDRESS **KATHY MENDEZ**  
CITY-ST-ZIP **205 MARINER DR.  
TARPON SPRINGS, FL 34689**

TITLE ☒ Delete  
NAME **PD**  
STREET ADDRESS **MAY, VICKI**  
CITY-ST-ZIP **932 ROYAL BIRKDALE DR.  
TARPON SPRINGS FL 34689**

TITLE ☐ Change ☒ Addition  
NAME **VP/D.**  
STREET ADDRESS **VALERIE LONGSHAW**  
CITY-ST-ZIP **1500 GULF RD.  
TARPON SPRINGS, FL 34689**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 REQUIRED**

**9/3/02**

**834-9075**

CR2E037 (4/02)



*Attachment*  
*42351*

FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

May 20, 2002

TARPON SPRINGS HIGH SCHOOL AGRISCIENCE BOOSTERS, INC.  
23 E TARPON AVE  
TARPON SPRINGS, FL 34689

Subject: **TARPON SPRINGS HIGH SCHOOL AGRISCIENCE BOOSTERS, INC.**

Reference Number: **N99000000699**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/ML  
ANNUAL REPORTS SECTION