

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90128 026 ****61.25

DOCUMENT # N99000000699

1. Entity Name

TARPON SPRINGS HIGH SCHOOL AGRISCIENCE BOOSTERS, INC.



Principal Place of Business

1411 GULF ROAD WEST
TARPON SPRINGS FL 34689

Mailing Address

20 E TARPON AVE
TARPON SPRINGS FL 34689

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 E. ORANGE STR.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3557583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLIMIS, GEORGE N

23 E TARPON AVE
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name SANDRA L BEVERLY

Street Address (P.O. Box Number is Not Acceptable)
~~27 E ORANGE STR.~~

5631 DOVE DRIVE

CITY NEWPORT RICHEY

FL

Zip Code 34652

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

Sandra L Beverly, Treasurer

02/26/03

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FLAMMER, JIM	
STREET ADDRESS	41975 US HWY. 19 NO.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MENDEZ, KATHY	
STREET ADDRESS	205 MARINER DR	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LONGSHAW, VALERIE	
STREET ADDRESS	1500 GULF RD	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEAN MLECZKO	
STREET ADDRESS	905 WEST WINDS BLVD	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN BERG	
STREET ADDRESS	14 PINEWOOD CIRCLE	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDRA L BEVERLY	
STREET ADDRESS	5631 DOVE DRIVE	
CITY-ST-ZIP	NEWPORT RICHEY, FL 34652	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHY MENDEZ	
STREET ADDRESS	1500 GULF ROAD	
CITY-ST-ZIP	TARPON SPRINGS, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Sandra L Beverly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/26/03 727-834-9075

CR2E037 (10/02)