

# 2000 UNIFORM BUSINESS REPORT (UBR)

9/12/00-90019-011-\$61.25-\$61.25

DOCUMENT # N99000001130

1. Entity Name

NORTHEAST VIKING HIGH SCHOOL ATHLETIC BOOSTERS, R

Principal Place of Business

1717 54TH AVE N  
ST PETERSBURG FL 33714

Mailing Address

1717 54TH AVE N  
ST PETERSBURG FL 33714

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

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEONARD, SUSAN  
9100 7TH ST N  
ST PETERSBURG FL 33702

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

After September 13, 2000 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

TITLE	P	<input type="checkbox"/> Delete
NAME	LEONARD, SUSAN	
STREET ADDRESS	9100 7TH ST N	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LEHEUP, FRED	
STREET ADDRESS	613 RIVERIA BAY DRIVE NE	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BONNELL, SANDRA	
STREET ADDRESS	644 55TH AVE NE	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
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	D B D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debbie Grobmyer	
STREET ADDRESS	632 Apalachee Cir N.E.	
CITY-ST-ZIP	St. Pete FL	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alanna Tulliano	
STREET ADDRESS	6511 Kent Dr No	
CITY-ST-ZIP	St. Pete FL 33702	
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		
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)(l), 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: Susan Leonard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-00 727-423-9126

Date

Daytime Phone #

CR2E037 (5/00)

KE