## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900001130

**SIGNATURE** 

## Sep 05, 2001 8:00 am Secretary of State 09-05-2001 90025 033 \*\*\*\*61.25 NORTHEAST VIKING HIGH SCHOOL ATHLETIC BOOSTERS, Principal Place of Business Mailing Address 1717 54TH AVE N. 1717 54TH AVE N ST PETERSBURG FL 33714 ST PETERSBURG FL 33714 3. Mailing Address 550D 2. Principal Place of Business 57 2500 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For NOT APPLICABLE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEONARD, SUSAN 9100 7TH ST N ST PETERSBURG FL 33702 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 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State After September 12, 2001, min. will be \$236.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition LEONARD, SUSAN NAME NAME 9100 7TH ST N **CR2E037** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33702 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition GROBRNYER, DEBBIE NAME NAME 632 APALACHEE CIR. N.E. STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33703 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition TULIANO, ALANNA NAME NAME 6511 KENT DR. NO. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33702 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Wimin, Denise 903 Pinellas Bay Bay NAME NAME STREET ADDRESS STREET ADDRESS 29 33715 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attackment with an address, with all other like empowered.

8-27-01

**FILED**