

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000001130**

1. Entity Name

NORTHEAST VIKING HIGH SCHOOL ATHLETIC BOOSTERS, INC.

Principal Place of Business

**5500 16TH STREET NORTH
SAINT PETERSBURG FL 33703**

Mailing Address

**5500 16TH STREET NORTH
SAINT PETERSBURG FL 33703**

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02 OCT 18 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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 **RONALD W. SMITH**Street Address (P.O. Box Number is Not Acceptable)
5500 16TH ST. N.City **St. Petersburg** FL **33703**

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**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
PD	LEONARD, SUSAN	9100 7TH ST N	ST PETERSBURG FL 33702	<input checked="" type="checkbox"/>
TT	GROBMYER, DEBBIE	632 APALACHEE CIR. N.E.	ST PETERSBURG FL 33703	<input checked="" type="checkbox"/>
T	TULIANO, ALANNA	6511 KENT DR. NO.	ST PETERSBURG FL 33702	<input type="checkbox"/>
T	WIMIN, DENISE	903 PINELLAS BAY WAY	TIERRA VERDE FL 33715	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PD	RONALD W. SMITH	5500 16 ST. N.	ST. PETE, FL 33703	<input checked="" type="checkbox"/>
TD	TULIANO, ALANNA	6511 KENT DR. N.	ST. PETE	<input type="checkbox"/>
ST	MC CRAW	5500 16 ST. N.	ST. PETE, FL 33703	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

CR2E037 (4/02)

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

8-30-02

Date

Daytime Phone #

727
570-3138