

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

**FILED**  
**Aug 21, 2003 8:00 am**  
**Secretary of State**

08-21-2003 90109 016 \*\*\*\*61.25

DOCUMENT # *N99000002011*

1. Entity Name

*Lawton Chiles High School Sports Boosters, Inc.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*Tallahassee Florida*

3. Mailing Address

*7200 Lawton Chiles Lane*

Suite, Apt. #, etc.

*7200 Lawton Chiles Lane*

Suite, Apt. #, etc.

City & State  
*Tallahassee FL*

Zip  
*32312*

Country  
*USA*

City & State  
*Tallahassee, FL*

Zip  
*32312*

Country  
*USA*

4. FEI Number

*593573214*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *DR. ALAN COX*

Street Address (P.O. Box Number is Not Acceptable)

*7200 Lawton Chiles Lane*

City *Tallahassee*

FL

Zip Code

*32312*

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

*T. Alan Cox*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

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 *PRESIDENT*  
NAME *DEBBIE KISSANE*  
STREET ADDRESS *7200 Lawton Chiles Lane*  
CITY-ST-ZIP *Tallahassee FL 32312*

TITLE *TREASURER*  
NAME *DOUGLAS HAY*  
STREET ADDRESS *7200 Lawton Chiles Lane*  
CITY-ST-ZIP *Tallahassee FL 32312*

TITLE *SECRETARY*  
NAME *BEVERLY KEMP*  
STREET ADDRESS *7200 Lawton Chiles Lane*  
CITY-ST-ZIP *Tallahassee FL 32312*

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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 on an attachment with an address, with all other like empowered.

SIGNATURE

*Douglas Hay*

*DOUGLAS HAY*

*8/11/03*

*850-893-5433*

CR2E037B (12/02)