

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

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

08-21-2003 90110 035 ****61.25

DOCUMENT # N99000003545

1. Entity Name

ST. AUGUSTINE HIGH SCHOOL FOOTBALL BOOSTERS, INC



Principal Place of Business

**3600 FORTNER RD
SAINT AUGUSTINE FL 32095
US**

Mailing Address

**3600 FORTNER RD
SAINT AUGUSTINE FL 32095
US**

2. Principal Place of Business

3205 Varella Ave

3. Mailing Address

P.O. Box 1771

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Football Stadium

City & State

City & State

ST. Augustine FL

ST. Augustine FL

Zip

32095

Country

USA

Zip

32085

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-2180281**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, BRAD

100 ARRICOLA AVE

ST. AUGUSTINE FL 32084

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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **FORTNER, DENNIS L JR**
STREET ADDRESS **3600 FORTNER RD**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE **Desmond R Valdes** ☒ Change ☐ Addition
NAME **401 San Jose Rd**
STREET ADDRESS **St. Aug. Fla. 32086**
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **STEWART, STEVE**
STREET ADDRESS **1298 THOMPSON-BAILEY RD**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE **Robert K. BUCKMASTER** ☒ Change ☐ Addition
NAME **1104 Kilmario Ct.**
STREET ADDRESS **St. Augustine FL 32084**
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **GOODWIN, JEAN**
STREET ADDRESS **1013 N MARSH WIND WAY**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082** **Same**

TITLE **SD** ☐ Change ☐ Addition
NAME **Goodwin, Jean**
STREET ADDRESS **1013 N marsh windway**
CITY-ST-ZIP **Ponte Vedra Beach FL 32082**

TITLE **TD** ☒ Delete
NAME **TRINYALI, CATHY**
STREET ADDRESS **PO BOX 1582**
CITY-ST-ZIP **ST. AUGUSTINE FL 32085-1582**

TITLE **TD** ☒ Change ☐ Addition
NAME **Cheryl Schonbers**
STREET ADDRESS **3777 Old Lewis Speedway**
CITY-ST-ZIP **ST. Augustine FL - 32095**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **DAVID L. REQUIRES**

3/11/03

904-824-1597

CR2E037 (10/02)