

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004124



1. Entity Name

LEESBURG HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90078 027 ****61.25

002428

Principal Place of Business POST OFFICE BOX 492722 LEESBURG FL 34749-2722		Mailing Address POST OFFICE BOX 492722 LEESBURG FL 34749-2722		 DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3028483 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent JOHNSON, CHARLES D 907 WEBSTER STREET LEESBURG FL 34748			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	JOHNSON, CHARLES D		STREET ADDRESS		
CITY-ST-ZIP	POST OFFICE BOX 492722 LEESBURG FL 34749-2722		CITY-ST-ZIP		
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	DAVIS, BRUCE A		STREET ADDRESS		
CITY-ST-ZIP	POST OFFICE BOX 492722 LEESBURG FL 34749-2722		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ST MATTHEWS, PHYLLIS		STREET ADDRESS		
CITY-ST-ZIP	POST OFFICE BOX 492722 LEESBURG FL 34749-2722		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D ANDREWS, DANIEL M		STREET ADDRESS		
CITY-ST-ZIP	POST OFFICE BOX 492722 LEESBURG FL 34749-2722		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Vickie Cauthen		STREET ADDRESS	V, D Cauthen, Vickie	
CITY-ST-ZIP	8010 Gibson Terrace Lsb, FL 37748		CITY-ST-ZIP	8010 Gibson Terrace Leesburg, FL 34748	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 attachment with an address, with all other like empowered.					
SIGNATURE: 			3-30-01 352-787-2308		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E037 (10/00)