

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004124

1. Entity Name

LEESBURG HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.

Principal Place of Business

POST OFFICE BOX 492722
LEESBURG FL 34749-2722

Mailing Address

POST OFFICE BOX 492722
LEESBURG FL 34749-2722

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3028483

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME JOHNSON, CHARLES D
STREET ADDRESS POST OFFICE BOX 492722
CITY-ST-ZIP LEESBURG FL 34749-2722

TITLE DV ☐ Delete
NAME CAUTHEN, VICKIE
STREET ADDRESS 8010 GIBSON TERRACE
CITY-ST-ZIP LEESBURG FL 34748

TITLE ~~ST~~ ☒ Delete
NAME ~~MATTHEWS, PHYLLIS~~
STREET ADDRESS POST OFFICE BOX 492722
CITY-ST-ZIP LEESBURG FL 34749-2722

TITLE ~~D.S.T~~ ☐ Delete
NAME ~~ANDREWS, DANIEL M~~
STREET ADDRESS POST OFFICE BOX 492722
CITY-ST-ZIP LEESBURG FL 34749-2722

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition
NAME D.S.T
STREET ADDRESS DANIEL M ANDREWS
CITY-ST-ZIP PO Box 491271
LEESBURG, FL 34749-1271

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

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

CR2E037 (9/01)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90124 016 ****61.25



DO NOT WRITE IN THIS SPACE