

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90014 032 ****61.25

DOCUMENT # N99000004464

1. Entity Name

RIVER RIDGE ATHLETIC BOOSTERS CLUB, INC.

Principal Place of Business

**11646 TOWN CENTER RD.
 NEW PORT RICHEY FL**

Mailing Address

**11646 TOWN CENTER RD.
 NEW PORT RICHEY FL**

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

59-3602903

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

**HOMKO, JACK J
 13302 WAGNER DR. RD.
 HUDSON FL 34569**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MICHAELS, JIM	
STREET ADDRESS	11646 TOWN CENTER RD.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOMKO, JACK J	
STREET ADDRESS	13302 WAGNER DR.	
CITY-ST-ZIP	HUDSON FL 34569	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BECK, ERNEST F	
STREET ADDRESS	16124 FROST DR.	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SCHMITZ, W. SCOTT	
STREET ADDRESS	10339 COPPENWOOD DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ken Brown	
STREET ADDRESS	6743 Arroyo Dr.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Degennaro	
STREET ADDRESS	8908 Woodmill Dr.	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/18/01

727-774-7338

Date

Daytime Phone #

CR2E037 (10/00)