

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005210

1. Entity Name

WESLEY CHAPEL HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.

Principal Place of Business

30651 WELLS ROAD
ZEPHYRHILLS FL 33544

Mailing Address

30651 WELLS ROAD
ZEPHYRHILLS FL 33544

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

52-2178972

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

MORRIS, RICK E
7827 TALLOWTREE DRIVE
WESLEY CHAPEL FL 33544

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 PD ☐ Delete
NAME MORRIS, RICK
STREET ADDRESS 7827 TALLANTREE DR
CITY-ST-ZIP WESLEY CHAPEL FL 33544

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

TITLE VPD ☐ Delete
NAME O'REILLY, LONA
STREET ADDRESS 28145 BEEDRA DR
CITY-ST-ZIP WESLEY CHAPEL FL 33544

TITLE VPD ☒ Change ☐ Addition
NAME Lizanne Ippolito
STREET ADDRESS 31804 Tally Ho Lane
CITY-ST-ZIP Wesley Chapel, FL 33543

TITLE SD ☐ Delete
NAME IPPOLITO, LIZANNA
STREET ADDRESS 31804 TALLY HO LANE
CITY-ST-ZIP WESLEY CHAPEL FL 33543

TITLE SD ☒ Change ☐ Addition
NAME Ernest Clausnitzer
STREET ADDRESS 29316 Laugh Ridge PL
CITY-ST-ZIP Wesley Chapel, FL 33544

TITLE TD ☐ Delete
NAME WORTLEY, LIZ
STREET ADDRESS 8916 MAGNOLIA CHASE CIRCLE
CITY-ST-ZIP TAMPA FL 33647

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

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:

Rick E. Morris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/2

817-242-5300
Daytime Phone #

CR2E037 (9/01)