

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

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90233 027 \*\*\*\*61.25

**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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**MORRIS, RICK E  
7827 TALLOWTREE DRIVE  
WESLEY CHAPEL FL 33544**

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. 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, RICK	
STREET ADDRESS	7827 TALLOWTREE DR	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	IPPOLITA, LIZANNE	
STREET ADDRESS	31804 TALLY HO LANE	
CITY-ST-ZIP	WES. CHAPEL FL 33543	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CLAMITZONA, ERNEST	
STREET ADDRESS	29316 LANGH RIDGE PL	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WORTLEY, LIZ	
STREET ADDRESS	8916 MAGNOLIA CHASE CIRCLE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DON EISENBLOOM	
STREET ADDRESS	30651 wells Rd	
CITY-ST-ZIP	Wesley Chapel FL 33543	
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TED BOYD	
STREET ADDRESS	30651 wells Rd	
CITY-ST-ZIP	Wesley Chapel FL 33543	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGARET J. AUNGST	
STREET ADDRESS	30651 wells Rd	
CITY-ST-ZIP	Wesley Chapel FL 33543	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANE SALIM	
STREET ADDRESS	30651 wells Rd	
CITY-ST-ZIP	Wesley Chapel FL 33543	
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:

*Margaret J. Aungst*  
TREASURER

4/8/03

813 632 3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)