## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Apr 22, 2002 8:00 am Secretary of State DOCUMENT # N9900005922 1. Entity Name 04-22-2002 90263 005 \*\*\*\*70.00 COUNTRYSIDE HIGH SCHOOL CHEERLEADING BOOSTER CLU B. INC. Principal Place of Business Mailing Address COUNTRYSIDE HIGH SCHOOL COUNTRYSIDE HIGH SCHOOL E 00076447 3000 STATE ROAD 580 3000 STATE ROAD 580 CLEARWATER FL 33761 CLEARWATER FL 33761 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEi Number 59-3608478 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ARNOLD, BARBARA A 2615 FRISCO DRIVE **CLEARWATER FL 33761** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE ARNOLD, BARBARA NAME NAME 2615 FRISCO DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33761 VICE PRESIDENT KRIS BAGNIEFSKI VD Delete TITLE ☐ Addition TITLE LOCICERO, CORI 2724 Redford Court East NAME NAME 2985 KENILWICK DR. SOUTH STREET ADDRESS STREET ADDRESS Clearwater, FL 33761 CITY-ST-ZIP-CLEARWATER FL-33761-CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete ROBERTS, SHELAGH NAME NAME 3388 ATWOOD COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **CLEARWATER FL 33761** ☐ Addition ☐ Change ☐ Delete TITLE TITLE REPLOGLE, BEVERLY NAME NAME 230 LOTUS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAFETY HARBOR FL 34695 CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 of Ith all other like empowered

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP