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

## DOCUMENT # N9900006093

1. Entity Name

TEAM PARENTS BOOSTER CLUB, INC.

WE WE

## **FILED** Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90188 014 \*\*\*\*61.25

				35.	TE TEN					
Principal Place of Business 4365 OKEECHOBEE BLVD.			Mailing Address 4365 OKEECHOBEE BLVD.				٠.			
B-4 B-4 WEST PALM BEACH FL 33409 WEST PALM B			4 Est Palm Beach Fl 334 '	09		 				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number 65	0972854	— <del></del>	oplied For of Applicable	
Zip	C	ountry	Zip	Country	ountry 5. Certificate of St			S8.75 Add Fee Require		
6. Name and Address of Current Registered Agent						7. Name and Addre	ess of New Reg	istered Agent		
				. Name	Rono	Hd-S-Pa	<del>L.</del>	<del></del>		
PATT, RONALD S					ddress/E		Acceptable)	1 11 0 1	<del></del>	
2425 RAI	NCH HOUSE RD			4	365	OKEECING	bee 131	vd. #B-		
WEST PA	ALM BEACH FL 3	3406		9					!	
				CityW	est i	Palm Beac	h.	FL 3334	69	
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 obligat	itions of registered a	gent.	?					/		
	120n	null L	aN:				,	3/28/03		
SIGNATURE	Stanature, typed or printe	d name of registered agent and title	if applicable. (NOTE:	Registered Agent signal	ure required	when reinstating)	·	DATE		
FILE NOW: FEE 19 \$61 25			9. Election Camp Trust Fund Co	-		\$5.00 May Be Added to Fees		Check Payable Department of S		
10.		OFFICERS AND DIRECTO	DRS	11.		DDITIONS/CHANGE			10	
TITLE	\$		Delete	TITLE		ice Provide		ower 🗌 Change	Addition	
NAME	VIGHETTO, SILV			NAME	<u> 60</u> 0	unie L. S	ax el		)	
STREET ADDRESS	333 EDMOT RD			STREET ADDRESS	1301	o Desert Vix n Beach Gar	(en 10.	3418	 	
CITY-\$T-ZIP	WEST PALM BE	ACH FL 33405		CITY-ST-ZIP			0, 10 0			
TITLE	D KADEN		_💆 Delete	TITLE	Pour	ordent vence Alli 89 Sycamo	HMI	Change	Addition	
NAME - STREET ADDRESS	RIVERS, KAREN 10045 RIVERSID			NAME STREET ADDRESS	188	ga Sycamo	re Dr.		ł	
CITY-ST-ZIP		ARDENS FL 33410		CITY-ST-ZIP	100	hatchee, 1	7	33470		
TITLE	D	<del></del>	Delete	TITLE				Change	Addition	
NAME	MARION, VALEF	RIE	-2 5,000	NAME	Tan	nmy Mills	urd			
STREET ADDRESS				STREET ADDRESS	688	5 19000 1	. 1	2211.0		
CITY-ST-ZIP	WEST PALM BE	ACH FL 33412		CITY-ST-ZIP				33418		
TITLE	P	IDIOTODI ICD 14	∫ <b>⊠</b> Delete	TITLE		Voi		☐ Change	Addition \	
NAME STREET ADDRESS	SCHRAUTH, CH	•		NAME STREET ADDRESS		a Langmer	Jen -			
CITY-ST-ZIP	ROYAL PALM B			CITY-ST-ZIP	10xa	hatchee Fl	3347	76	ł	
TITLE	VP		"Delete	TITLE	1.00	<u> </u>		☐ Change	Addition	
NAME	SAX, BONNIE		€ Delete	NAME	Καλ	nella Naji Bowsprit B th Palm Bch	zill_	<u></u>		
STREET ADDRESS	5270 DESERT V			STREET ADDRESS	lia t	30jusprit #	r g	anii no	ļ	
STREET ADDITION				CITY-ST-ZIP	l Nort	th Unum 15ch	, the	33408	i	
CITY-ST-ZIP	PALM BEACH G	ARDENS FL 33418		4	<u> </u>	7 1 0 1				
CITY-ST-ZIP	T		Delete	TITLE	1937	, , , o, ,		Change	Addition	
CITY-ST-ZIP TITLE NAME	T LANGMEYER, TI	NA .	Delete	NAME	192	<u> </u>		Change	Addition	
CITY-ST-ZIP	T	NA N.	<b>D</b> Delete			<u> </u>		Change	Addition	

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 of 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:

561-262-0756