

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90117 001 \*\*\*150.00  
 09-17-2001 90117 002 \*\*\*\*\*8.75

**DOCUMENT # P00000107793**

1. Entity Name

~~PALM HARBOR UNIVERSITY HIGH SCHOOL VOLLEYBALL BO~~  
**Lady Canes Volleyball Booster Club, Inc.**

Principal Place of Business

1900 OMAHA ST  
 PALM HARBOR FL 34683

Mailing Address

\* ~~1900 OMAHA ST~~ **585 Village Way**  
 PALM HARBOR FL 34683

78384



2. Principal Place of Business

**Palm Harbor High School**

3. Mailing Address

**585 Village Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**PH, FL**

City & State

**PH, FL**

4. FEI Number

**59-3739157**

Applied For

Not Applicable

Zip

**34683**

Country

**Pineellas**

Zip

**34683**

Country

**Pineellas**

5. Certificate of Status Desired

☒

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**Mr. Muskatev, Jan C**  
~~1900 OMAHA ST~~ **585 Village Way**  
 PALM HARBOR FL 34683

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **President** ☐ Delete  
 NAME **Mr. Jan C. Muskatev**  
 STREET ADDRESS **585 Village Way**  
 CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE **Vice President** ☐ Delete  
 NAME **John McGee**  
 STREET ADDRESS **190 Arbor Glen Dr.**  
 CITY-ST-ZIP **PH - FL - 34683**

TITLE **Secretary** ☐ Delete  
 NAME **George Sherman**  
 STREET ADDRESS **1224 Magnolia Dr.**  
 CITY-ST-ZIP **Clearwater, FL 33756**

TITLE **Treasurer** ☐ Delete  
 NAME **MRS CHALMAINE DOUMAIAN**  
 STREET ADDRESS **39 VINPEU LN**  
 CITY-ST-ZIP **PALM HARBOR, FL PH, FL 34683**

TITLE **CONCESSIONS CHAIR (D/C)** ☐ Delete  
 NAME **MARY ANN ILES** **#ADD.**  
 STREET ADDRESS **1010 MICHIGAN AVE**  
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **AD/Program Chair** ☐ Delete  
 NAME **Joe Stalzer** **(D/C) #ADD.**  
 STREET ADDRESS **961 Kent Ln.**  
 CITY-ST-ZIP **P.H. FL - 34683**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Communication Chair** ☐ Change ☒ Addition  
 NAME **Donna Bauer (D/C)**  
 STREET ADDRESS **2361 Citrus Hill Rd**  
 CITY-ST-ZIP **PH FL 34683**

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jan C. Muskatev (Mr.)** **9-6-01** **789-9530**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment Doc# P00000107793

78384

Sept 10, 2001

Lady Canes Volleyball

Booster Club, Inc

585 Village Way

Palm Harbor, FL 34683

(727) 789-9530

Dept of State, Florida 850-488-9000

DIV. OF Corporations

P.O. BOX 1500

Tallahassee, FL 32302-1500

Delivery

(409 E. Gaines St.)

32399

RE: UNIFORM BUSINESS REPORT

To whom it may Concern;

Please accept the enclosed ck # 104 in the amt. of \$ 150.00 for the annual filing fee for the year 2001. Our Corp. is a small group of parents that are trying to defray the costs of the Volleyball program by fundraising for our girls at Palm Harbor High School. We hardly have enough funds to cover all the expenses. We were basically forced to form a Corp. by the School Board, if we wanted to manage our own CASH flow without the red tape of the County administration. Now that we changed the address, I will personally be receiving the required forms to be filed. I never received the 1st form.

Thank you for your understanding.

Mr. Jan P. Muskature (president)

Attachment Doc # P00000107793

Amendment. 78384

To Correct Name

Please Amend Document # P00000107-  
793

To Read Correct Name:

LADG CANES Volleyball  
Booster Club, INC.

Jan C. Mushkove President  
Sept 10, 2001