

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91577 001 \*\*\*\*\*8.75  
 05-28-2002 91577 002 \*\*\*150.00

**DOCUMENT # P00000107793**

**1. Entity Name**  
**PALM HARBOR UNIVERSITY HIGH SCHOOL VOLLEYBALL BO**  
**OSTER CLUB, INC.**

**Principal Place of Business**  
**585 VILLAGE WAY**  
**PALM HARBOR FL 34683**

**Mailing Address**  
**585 VILLAGE WAY**  
**PALM HARBOR FL 34683**

**2. Principal Place of Business**  
**1900 Omaha St.**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**  
**Palm Harbor FL**

**City & State**  
**Palm Harbor FL**

**Zip**  
**34683**

**Country**  
**USA**

**4. FEI Number** **59-3739157**

**Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**MUSKATEVC, JAN C**  
**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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☒ **NO** **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution. ☐

## 11. OFFICERS AND DIRECTORS

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>MUSKATEVC, JAN C</b> <b>585 VILLAGE WAY</b> <b>PALM HARBOR FL 34683</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DV</b> <b>MCGEE, JOHN</b> <b>190 ARBOR GLEN DR.</b> <b>PALM HARBOR FL 34683</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DS</b> <b>SHERMAN, GEORGE</b> <b>1226 MAGNOLIA DR.</b> <b>CLEARWATER FL 33756</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DT</b> <b>DOUMANIAN, CHARMAINE</b> <b>30 VINPEN LN</b> <b>PALM HARBOR FL 34683</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DC</b> <b>ILES, MARY ANN</b> <b>1010 MICHIGAN AVE</b> <b>PALM HARBOR FL 34683</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>ADPC</b> <b>STALZER, JOE</b> <b>961 KENT LN.</b> <b>PALM HARBOR FL 34683</b>	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**DS**  
**Sharpe, Tammi**  
**479 Allens Ridge Dr. E.**  
**PH - 71-34683**

**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. Muskatevc **5-1-02 (727) 789-9530**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E034 (9/01)