

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90096 007 \*\*\*\*61.25

**DOCUMENT # N96000002413**

1. Entity Name

**SEMINOLE HIGH SCHOOL ATHLETIC BOOSTERS CLUB, INC**

Principal Place of Business

Mailing Address

**2701 RIDGEWOOD AVE.  
 SANFORD FL 32773**

**2701 RIDGEWOOD AVE.  
 SANFORD FL 32773-4916**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3394585**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent.

7. Name and Address of New Registered Agent

**MOORE, THOMAS W  
 3835 BEARDALL AVE  
 SANFORD FL 32773**

Name **Thomas M. Martin**

Street Address (P.O. Box Number is Not Acceptable)

**5998 Feather Lane**

City **Sanford**

**FL**

Zip Code **32771**

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **MOORE, THOMAS W**  
 STREET ADDRESS **3835 BEARDALL AVE**  
 CITY-ST-ZIP **SANFORD FL 32773**

TITLE **PD**  Change  Addition  
 NAME **Martin, Thomas M.**  
 STREET ADDRESS **5998 Feather Lane**  
 CITY-ST-ZIP **Sanford, FL 32771**

TITLE **TD**  Delete  
 NAME **FOSTER-BRONSON, SANDRA**  
 STREET ADDRESS **102 W WOODLAND DR**  
 CITY-ST-ZIP **SANFORD FL 32773**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **MCNEAL, C.J.**  
 STREET ADDRESS **796 SILVERWOOD DRIVE**  
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP**  Delete  
 NAME **LEE, CARL**  
 STREET ADDRESS **2701 RIDGEWOOD AVE**  
 CITY-ST-ZIP **SANFORD FL 32773**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: Sandra Foster Bronson **SANDRA FOSTER-BRONSON**

**1-14-00** 407-322-8823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)