

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

2/2

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90134 040 \*\*\*\*61.25

**DOCUMENT # N96000002413**

1. Entity Name  
**SEMINOLE HIGH SCHOOL ATHLETIC BOOSTERS CLUB, INC**



Principal Place of Business  
2701 RIDGEWOOD AVE.  
SANFORD FL 32773

Mailing Address  
2701 RIDGEWOOD AVE.  
SANFORD FL 32773

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

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCOOL, DENNIS**  
**5308 VISTA CLUB RUN**  
**SANFORD FL 32771**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/13/03**  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MCCOOL, DENNIS	5308 VISTA CLUB RUN	SANFORD FL 32771	<input type="checkbox"/>
TD	SCHOMER, CHARLES	106 FOXBRIDGE RUN	LONGWOOD FL 32750	<input type="checkbox"/>
SD	ARMSTRONG, LYNN	1624 TIVERTON STREET	WINTER SPRINGS FL 32708	<input checked="" type="checkbox"/>
VPD	CARR, SHIRLEY	149 DUBLIN DRIVE	LAKE MARY FL 32746	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Secretary <i>[Signature]</i> Sally Moore	3370 Ohio Ave	Sanford FL 32773	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VKE President 1st	ROY WRAD	990 MIKLER DR	ALTAMONTE SPRING FL 32701	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VICE PRESIDENT 2ND	DON C ROBERTSON	5965 Feather Lane	SANFORD FL 32771	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHARLES SCHOMER**  
Date

**1/13/03**  
Date

**407 3205026**  
Daytime Phone #

CR2E037 (10/02)