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

FILED
Jul 28, 2003 8:00 am
Secretary of State
07-28-2003 90153 041 ****61.25

0005015

DOCUMENT # 737118

1. Entity Name

GREATER JACKSONVILLE GYMNASTICS BOOSTER CLUB, INC.

Principal Place of Business	Mailing Address
730 ST. JOHNS BLUFF RD. N. JACKSONVILLE FL 32225-6770	730 ST. JOHNS BLUFF RD. N. JACKSONVILLE FL 32225-6770

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1693979 ☐ 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
WILLIAMS, MISTY 1103 2ND AVE., N JACKSONVILLE BEACH FL 32250	Name: Susan m Rizzo-Coxson Street Address (P.O. Box Number is Not Acceptable): 2548 Beautyberry Cir W City: Jacksonville FL Zip Code: 32246

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: Susan m Rizzo-Coxson — Treasurer — DATE: 6-1-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	TD MATTHEWS, ROBERT F II 13904 SHIPWRECK CIRCLE S JACKSONVILLE FL 32224	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Susan m Rizzo-Coxson 2548 Beautyberry Cir W Jacksonville FL 32246	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS GREENE, TERRY 13898 SOFT WIND TRAIL N JACKSONVILLE FL 32226	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Denise Bunnewith 1696 Ponderosa Pine Dr W Jacksonville FL 32225	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILLIAMS, MISTY 1103 2ND AVE N JACKSONVILLE FL 32250	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Kim Rickey 13016 Quincy Bay Dr Jacksonville FL 32224	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WHITE, DEBBIE 1855 ARDEN WAY JACKSONVILLE BEACH FL 32250	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VicePresident Gwen Scott 12237 Footpath Lane Jacksonville FL 32224	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Susan m Rizzo-Coxson — 6-1-03 — 9048210428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #