

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90032 038 \*\*\*150.00

0524004

DOCUMENT # NO1000003370

1. Entity Name  
**CHEER BOOSTER CLUB, INC.**

Principal Place of Business      Mailing Address  
 2117 COUNTRY CLUB CT N      2117 COUNTRY CLUB CT N  
 ST PETERSBURG FL 33710      ST PETERSBURG FL 33710

000004301690--6

2. Principal Place of Business      3. Mailing Address  
4594 17th Avenue N.      4594 17th Avenue N.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For  
St. Petersburg FL      St. Petersburg FL      59-3675837      Not Applicable  
 Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional  
33713      Pinellas      33713      Pinellas            Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**BERNARD, MARY V**  
 2117 COUNTRY CLUB CT N  
 ST PETERSBURG FL 33710  
 Name Kathy Schulz  
 Street Address (P.O. Box Number is Not Acceptable)  
4594 17th Avenue N.  
 City St Petersburg      FL      Zip Code 33713

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 Kathy Schulz      Kathy Schulz, Registered Agent      4-01-01  
Signature, typed or printed name of registered agent and, 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.       **FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2001 Fee will be \$550.00  
 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> BERNARD, MARY V 2117 COUNTRY CLUB CT N ST PETERSBURG FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President #2</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> BRANNON, DEBORAH J 2117 COUNTRY CLUB CT N ST PETERSBURG FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President #1</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8191 93rd Street N. Seminole, FL 33717
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> CALLAWAY, DAWN E 2117 COUNTRY CLUB CT N ST PETERSBURG FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9960 82nd Street N. Seminole, FL 33717
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>E</b> WILLIAMS, LESLI R 2117 COUNTRY CLUB CT N ST PETERSBURG FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 640 Riviera Bay Dr NE St. Petersburg FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kathy Schulz 4594 17th Avenue N St. Petersburg FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: Mary V Bernard      2nd Vice President      813-636-8414  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
9-5-01      813-636-8414

CR2034 (10/00)