

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-28-2002 91701 022 ****61.25

DOCUMENT # N94000006332

1. Entity Name

TAMPA GYMNASTICS AND DANCE, INCORPORATED

Principal Place of Business

Mailing Address

6925 N. FLORIDA AVE.
 TAMPA FL 33604

6925 N. FLORIDA AVE.
 TAMPA FL 33604

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

59-3291823

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTHELL, DON
3334 HANDY RD.
TAMPA FL 33618

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

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	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, VANCE	
STREET ADDRESS	3339 FOXRIDGE CIRCLE	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MOORE, MICHAEL	
STREET ADDRESS	108 W. COMMANCHE	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARVESTER, DIANNA	
STREET ADDRESS	1311 E LOUISIANA AVE	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CHASE, ANTONIO	
STREET ADDRESS	11311 N OLA AVE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tammy Schweiberger	
STREET ADDRESS	320 W. Fern St.	
CITY-ST-ZIP	Tampa, FL 33604	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rhonda Melamara	
STREET ADDRESS	13331 Golf Crest Cir.	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kelly McGhee	
STREET ADDRESS	504 W. Juneau St	
CITY-ST-ZIP	Tampa, FL 33604	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raisa Barnes	
STREET ADDRESS	11237 Andy Dr	
CITY-ST-ZIP	Riverview, FL 33569	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Walin	
STREET ADDRESS	PO Box 8824	
CITY-ST-ZIP	Tampa FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Raisa Barnes* RAISA BARNES 4/30/02 813-477-2098

CR2E037 (9/01)