

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90004 007 ***150.00

DOCUMENT # 474214

1. Entity Name

SOUTH BREVARD ACADEMY OF GYMNASTICS, INC.

Principal Place of Business

3277 W RIVER PARK DR
TAHOE PARADISE CA 96155
US

Mailing Address

PO BOX 9817
S LAKE TAHOE CA 96158
US

2. Principal Place of Business

1771 AGORA CIR SE
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 100344
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm Bay

City & State

Palm Bay

4. FEI Number

59-1747235

Applied For

Not Applicable

Zip

32909

Country

Zip

32910

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHARSHAFIAN, RICHARD J.
598 EMPIRE
NE PALM BAY FL 32907

7. Name and Address of New Registered Agent

Name Richard J. CHARSHAFIAN

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

893 Raleigh RD SE

City Palm Bay

FL

Zip Code 32909

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

Richard J. Charshafian

4-22-01

Signature, typed or printed name of registered agent and title 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.
(See criteria on back) ☐

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	CHARSHAFIAN, RICHARD J.	
STREET ADDRESS	598 EMPIRE	
CITY-ST-ZIP	NE PALM BAY FL 32907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARSHAFIAN, RICHARD J.	
STREET ADDRESS	893 Raleigh RD SE	
CITY-ST-ZIP	Palm Bay, FL 32909	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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:

Richard J. Charshafian RICHARD J. CHARSHAFIAN

4-22-01

321-720-1703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)