

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 11, 2002 8:00 am  
Secretary of State

02-11-2002 90153 027 \*\*\*\*\*61.25

DOCUMENT # 724773

1. Entity Name

ENGLEWOOD AREA ATHLETIC ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 518  
ENGLEWOOD FL 34295-0518

Mailing Address

PO BOX 2008  
ENGLEWOOD FL 34295-0518

2. Principal Place of Business

6765 San Casa Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Englewood FL

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2500612

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIBSON, MICHAEL  
413 ALTA VISTA AVENUE  
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name Cheryl Sands  
Street Address (P.O. Box Number is Not Acceptable)  
14157 Congo Lane  
City Port Charlotte FL Zip Code 33981

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

Cheryl Sands

Cheryl Sands

1-23-02

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GIBSON, MICHAEL	
STREET ADDRESS	413 ALTA VISTA AVE	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SANDS, CHERYL	
STREET ADDRESS	14157 CONGO LANE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33981	
TITLE	AD	<input checked="" type="checkbox"/> Delete
NAME	KALIN, BARRY	
STREET ADDRESS	824 EAST 7TH ST	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HOWE, MANDY	
STREET ADDRESS	34 ANNAPOLIS LANE	
CITY-ST-ZIP	PLACIDA FL 33946	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GIBSON, MARIE	
STREET ADDRESS	413 ALTA VISTA AVE	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	RITA, KATHY	
STREET ADDRESS	10061 SEABROOK AVE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cheryl Sands	
STREET ADDRESS	14157 Congo Lane	
CITY-ST-ZIP	Port Charlotte FL 33981	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Mersinger	
STREET ADDRESS	10466 Riverside Rd.	
CITY-ST-ZIP	Pt. Charlotte FL 33981	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kari Merrill	
STREET ADDRESS	858 Boundry Blvd.	
CITY-ST-ZIP	Rotonda FL 33947	
TITLE	Richard Callahan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary	
STREET ADDRESS	669 McCall Rd S.	
CITY-ST-ZIP	Englewood FL 34223	
TITLE	Cheer Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephanie Rafeld	
STREET ADDRESS	5354 Fleming St	
CITY-ST-ZIP	Port Charlotte FL 33981	
TITLE	Athletic Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wendy Quinn	
STREET ADDRESS	660 Lewis Av.	
CITY-ST-ZIP	Englewood FL 34223	

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:

Cheryl Sands  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 1/23/02 Daytime Phone # (941) 488-7277

0086791

CR2E037 (9/01)