

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755110

1. Entity Name

TUMBLEWEEDS GYMNASTIC BOOSTER CLUB INCORPORATED

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90042 035 \*\*\*\*61.25

Principal Place of Business  
 3070 44TH AVE N  
 ST. PETERSBURG FL 33714  
 US

Mailing Address  
 3070 44TH AVE N  
 ST. PETERSBURG FL 33714-3806  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
 59-2444338

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

KAYE, ELIEN K  
 3070 44TH AVE N  
 ST. PETERSBURG FL 33714

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 type="checkbox"/> Delete
NAME	SUTTEN, FREDERICK	
STREET ADDRESS	4626 14TH ST N	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BERNLOEHR, DONNA	
STREET ADDRESS	415 14TH AVE NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HUSZAI, DIANE	
STREET ADDRESS	2890 63RD ST N	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DAWSEY, FRED	
STREET ADDRESS	18 HARBOR LAKE CIR	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sutten, Frederick	
STREET ADDRESS	4626 14th St. North	
CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harris, Brad	
STREET ADDRESS	145 116th Ave	
CITY-ST-ZIP	Treasure Island, FL 33700	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wheeler Warren	
STREET ADDRESS	3022 1st St. North	
CITY-ST-ZIP	St. Petersburg FL 33704	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kavey, Kandy	
STREET ADDRESS	25620 SR 70 East	
CITY-ST-ZIP	Myakka City, FL 34251	
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		

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: Kandy Kavey  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00 (941) 322-8318

Date Daytime Phone #

CR2E037 (9/99)