

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90020 011 \*\*\*\*61.25

**DOCUMENT # 755110**

1. Entity Name

**TUMBLEWEEDS GYMNASTIC BOOSTER CLUB INCORPORATED**



Principal Place of Business

Mailing Address

**3070 44TH AVE N  
 ST. PETERSBURG FL 33714  
 US**

**3070 44TH AVE N  
 ST. PETERSBURG FL 33714  
 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  
 After September 12, 2001, min. will be \$236.25**

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 ☐ Delete  
 NAME **PD ~~SUTTEN~~, FREDERICK**  
 STREET ADDRESS **4626 14TH ST N**  
 CITY-ST-ZIP **ST PETERSBURG FL 33702**

TITLE ☐ Change ☐ Addition  
 NAME **~~SUTTER~~**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VPD HARRIS, BRAD**  
 STREET ADDRESS **145 116TH AVE**  
 CITY-ST-ZIP **TREASURE ISLAND FL 33700**

TITLE ☒ Change ☐ Addition  
 NAME **VPD Warren Wheeler**  
 STREET ADDRESS **3022 1st Street North**  
 CITY-ST-ZIP **Saint Petersburg FL 33704**

TITLE ☐ Delete  
 NAME **SD WARREN, WHEELER**  
 STREET ADDRESS **3022 1ST STREET N**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

TITLE ☐ Change ☐ Addition  
 NAME **SD Darkene Gunning**  
 STREET ADDRESS **1633 Reddington Dr**  
 CITY-ST-ZIP **Reddington, FL 33704**

TITLE ☐ Delete  
 NAME **TD KAVEY, KANDY**  
 STREET ADDRESS **25620 SR 70 EAST**  
 CITY-ST-ZIP **MYAKKA CITY FL 34251**

TITLE ☒ Change ☐ Addition  
 NAME **TD Laura Sim Kanich**  
 STREET ADDRESS **5252 48th Terrace North**  
 CITY-ST-ZIP **St Petersburg, FL 33709**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*[Signature]*

9/6/01 725-570-5326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/01)