

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

0017824

DOCUMENT # 755765

1. Entity Name

~~THE PENSACOLA GYMNASTICS BOOSTERS, INCORPORATED~~

PENSACOLA GYMNASTICS TRAINING CENTER BOOSTER CLUB, INC

03-28-2001 90005 043 ****61.25

Principal Place of Business

Mailing Address

1000 COLLEGE BLVD.
BUILDING #19
PENSACOLA FL 32504

C/O TRISTY COREY
6725 CHICAGO AVE
PENSACOLA FL 32526
US

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

59-2385739

Applied For

Not Applicable

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

TRISTY COREY
6725 CHICAGO AVE
PENSACOLA FL 32504

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 TRISTY COREY - TREASURER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/15/01

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 ☒ Delete
NAME PAD
STREET ADDRESS COREY, TRISTY
CITY-ST-ZIP 6725 CHICAGO AVENUE
PENSACOLA FL 32526

TITLE ☐ Change ☒ Addition
NAME V/D
STREET ADDRESS STEVE VAN GOGH
CITY-ST-ZIP 2743 GLEN EDEN DRIVE
PENSACOLA, FLORIDA 32514

TITLE ☒ Delete
NAME VPSD
STREET ADDRESS HESS, PATTY
CITY-ST-ZIP 6331 HEART. PINE DRIVE
PENSACOLA FL 32504

TITLE ☐ Change ☒ Addition
NAME S
STREET ADDRESS KATHY MATTHEWS
CITY-ST-ZIP 6221 AZALEZ ROAD
PENSACOLA, FLORIDA 32504

TITLE ☐ Delete
NAME T
STREET ADDRESS COREY, TRISTY
CITY-ST-ZIP 6725 CHICAGO AVE
PENSACOLA FL 32526

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

TITLE ☐ Delete
NAME CD
STREET ADDRESS PICKERING, LEANNE
CITY-ST-ZIP 1000 COLLEGE BLVD.
PENSACOLA FL 32504

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS LEANNE PICKERING
CITY-ST-ZIP 1000 COLLEGE BLVD.
PENSACOLA, FLORIDA 32504

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: Tristy Corey TRISTY COREY - TREASURER 03/15/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)