

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90094 002 ****61.25

DOCUMENT # 755765

1. Entity Name

~~THE PENSACOLA GYMNASTICS BOOSTERS, INCORPORATED~~

PENSACOLA GYMNASTICS TRAINING CENTER BOOSTER CLUB, INC.

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

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

T
 COREY, TRISTY
 6725 CHICAGO AVE
 PENSACOLA FL 32526 ☐ Delete

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

D
 PICKERING, LEANNE
 1000 COLLEGE BLVD.
 PENSACOLA FL 32504 ☐ Delete

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

VD
 VAN GOGH, STEVE
 2743 GLEN EDEN DRIVE
 PENSACOLA FL 32514 ☒ Delete

PRESIDENT
 JODI PRIEFER
 10700 GULF BREEZE HIGHWAY
 PENSACOLA, FLORIDA 32507 ☒ Change ☐ Addition

S
 MATTHEWS, KATHY
 6221 AZALEZ ROAD
 PENSACOLA FL 32504 ☒ Delete

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

☐ Delete

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

☐ Delete

TITLE NAME ☐ Change ☐ Addition
 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* **REGISTERED** Corey, Treas. 4/10/02

850/484-5000 X127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)