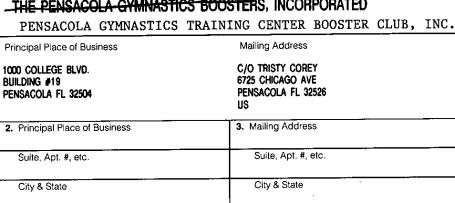
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755765 1. Entity Name _THE PENSACOLA-GYMNASTICS BOOSTERS, INCORPORATED Mailing Address

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

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



PENSACOLA FL 32504		PENSACOLA FL 32526 US		1 (400) (1 1400) 1	 			
2. Principal Pl	ace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number	4. FEI Number Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of St.		\$8.75 Addi Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registered A	gent		
			Name					
TRISTY COREY 6725 CHICAGO AVE			Street /	Street Address (P.O. Box Number is Not Acceptable)				
	A FL 32504		City		FL	Zip Code	9	
				ar registered egent, or both, in		_l		
8. The above	named entity submits this statement for	or the purpose of changing its r	registerea office (or registered agent, or both, in	the state of Florida.			
		1]	
SIGNATURE.		MOTE (MOTE	- Resistered Agent signs	ature required when reinstating)	DATE			
-3.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	: Hegistered Agent signs	title (equies with remotating)				
লু ল		9 Floation Com	npaign Financing	¢E 00 p.	Make Check	Pavable	to	
F	FILE NOW: FEE IS \$61.25	Trust Fund C		\$5.00 May Be Added to Fees	Departmen			
	·							
10.	OF FIGURE STATES OF THE STATES		11.	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	T	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME CTREET ADDRESS	COREY, TRISTY		NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	6725 CHICAGO AVE PENSACOLA FL 32526	r'	CITY-ST-ZIP				<u> </u>	
TITLE	D	☐ Delete	TITLE			Change	Addition_	
NAME	PICKERING, LEANNE		NAME					
STREET ADDRESS	1000 COLLEGE BLVD.	n de la grande de l La grande de la grande d	STREET ADDRESS	المستحدد ومراء ومعرو وعرايا	and the second second second			
CITY-ST-ZIP	PENSACOLA FL 32504		CITY~ST-ZIP				1 1 1 1 1 1 1 1 1	
TITLE	VD	XX Delete	TITLE	PRESIDENT		*Change	Addition	
NAME	VAN GOGH, STEVE		NAME STREET ADDRESS	JODI PRIEFER	TOTAL TITOTILES			
STREET ADDRESS CITY-ST-ZIP	2743 GLEN EDEN DRIVE PENSACOLA FL 32514		CITY-ST-ZIP	10700 GULF BRE				
TITLE	S	Delete	TITLE	I LINDAGONA, PLO		Change	☐ Addition	
NAME	MATTHEWS, KATHY	A	NAME					
STREET ADDRESS	6221 AZALEZ ROAD		STREET ADDRESS					
CITY-ST-ZIP	PENSACOLA FL 32504		CITY-ST-ZIP	<u> </u>				
TITLE		☐ Delete	TITLE			Change	Addition	
NAME			NAME STREET ADDRESS				{	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		□ Delete	TITLE			☐ Change	Addition	
NAME			NAME				ļ	
STREET ADDRESS			STREET ADDRESS	: []	
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>				
12. Lhereby	certify that the information supplied wit	th this filing does not qualify for	r the exemption st	ated in Section 119.07(3)(i), Fi	lorida Statutes. I further cer	tity that the i	ntormation	

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 AND TYPED OR PRINTER AND OF SIGNING OFFICER OR DIRECTOR

850/484-5000 X127

Daytime Phone #