

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90116 011 *****61.25

DOCUMENT # N00000004605

1. Entity Name

TEAM GYMNASTIC BOOSTER CLUB, INC.

Principal Place of Business

210 E MAIN ST
 PERRY FL 32347

Mailing Address

210 E MAIN ST
 PERRY FL 32347

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 **NOT APPLICABLE**

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

DUDLEY, CLARA
 210 E MAIN ST
 PERRY FL 32347

Name

Connie Ernst

Street Address (P.O. Box Number is Not Acceptable)

210 E Main St

City

Perry FL 32347

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	DP	<input checked="" type="checkbox"/> Delete
NAME	ALLBRITTON, LINDA	
STREET ADDRESS	5869 WOODS CREEK RD	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MURRAY, CHANTELE	
STREET ADDRESS	P.O. BOX 1328	
CITY-ST-ZIP	PERRY FL 32348	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	DUDLEY, CLARA	
STREET ADDRESS	P.O. BOX 236	
CITY-ST-ZIP	PERRY FL 32348	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	TUCKER, CARRIE	
STREET ADDRESS	319 AL SUBER ROAD	
CITY-ST-ZIP	PERRY FL 32348	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chantelle Murray	
STREET ADDRESS	210 E Main St	
CITY-ST-ZIP	Perry FL 32347	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laura Verges	
STREET ADDRESS	105 Hemlock Dr	
CITY-ST-ZIP	Perry FL 32348	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Connie Ernst	
STREET ADDRESS	703 West Julia St	
CITY-ST-ZIP	Perry FL 32347	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mandagale Horner	
STREET ADDRESS	1885 E Holley Dr	
CITY-ST-ZIP	Perry FL 32347	
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:

Mandagale Horner

Date

Daytime Phone #

CR2E037 (9/01)