

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000003370

FILED  
Apr 11, 2002 8:00 AM  
Secretary of State

Entity Name: CHEER BOOSTER CLUB, INC.

## Current Principal Place of Business:

2117 COUNTRY CLUB CT NORTH  
ST PETERSBURG, FL 33710

## New Principal Place of Business:

## Current Mailing Address:

2117 COUNTRY CLUB CT NORTH  
ST PETERSBURG, FL 33710

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BERNARD, MARY V  
2117 COUNTRY CLUB CT NORTH  
ST PETERSBURG, FL 33710 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DV ( ) Delete  
Name: BERNARD, MARY V  
Address: 2117 COUNTRY CLUB CT NORTH  
City-St-Zip: ST PETERSBURG, FL 33710

Title: DV ( ) Delete  
Name: BRANNON, DEBORAH J  
Address: 8191 93RD ST N  
City-St-Zip: SEMINOLE BURG, FL 33777

Title: DS ( ) Delete  
Name: CALLAWAY, DAWN E  
Address: 9960 82ND ST N  
City-St-Zip: SEMINOLE, FL 33777

Title: DT ( ) Delete  
Name: WILLIAMS, LESLI R  
Address: 640 RIVIERA BAY DR NE  
City-St-Zip: ST PETERSBURG, FL 33702

Title: T ( ) Delete  
Name: SCHULZ, KATHY  
Address: 4594 17 AVE N  
City-St-Zip: ST PETERSBURG, FL 33713

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY L. SCHULZ

T

04/11/2002

Electronic Signature of Signing Officer or Director

Date