

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000006112

FILED  
Apr 28, 2003  
Secretary of State

Entity Name: AMERICAN CHEER & DANCE BOOSTERS, INC.

## Current Principal Place of Business:

9309 OLD KINGS ROAD S  
SUITE 4  
JACKSONVILLE, FL 32257

## New Principal Place of Business:

1540 OAK RIDGE DRIVE WEST  
JACKSONVILLE, FL 32225

## Current Mailing Address:

9309 OLD KINGS ROAD S  
SUITE 4  
JACKSONVILLE, FL 32257

## New Mailing Address:

1540 OAK RIDGE DRIVE WEST  
JACKSONVILLE, FL 32225

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

## Name and Address of Current Registered Agent:

KOKO HEAD, P.A.  
9309 OLD KINGS ROAD S  
SUITE 4  
JACKSONVILLE, FL 32257

## 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: D ( ) Delete  
Name: INMAN, SANDRA  
Address: 1540 OAK RIDGE DRIVE WEST  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete  
Name: TALPALAR, WENDY  
Address: 10743 WAVERLY BLUFF WAY  
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete  
Name: ANDERSON, KELLI  
Address: 79 DOLPHIN BOULEVARD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete  
Name: WOODALL, FLORENCE  
Address: 424 OAK POND DRIVE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D ( ) Delete  
Name: FUNG, CECILE  
Address: 12470 HOOD LANDING ROAD  
City-St-Zip: JACKSONVILLE, FL 32258

Title: D ( ) Delete  
Name: NEWMANS, STEPHEN L  
Address: 5570 RIBBON ROSE COURT  
City-St-Zip: JACKSONVILLE, FL 32258

## 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:

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: SANDRA D. INMAN

D

04/28/2003

Electronic Signature of Signing Officer or Director

Date