

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000009902

1. Entity Name
LEON HIGH CHEERLEADERS ASSOCIATION, INC.



FILED

03 MAY -9 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**LEON HIGH SCHOOL
TENNESSEE ST AT MERIDIAN
TALLAHASSEE, FL 32301**

Mailing Address
**LEON HIGH SCHOOL
TENNESSEE ST AT MERIDIAN
TALLAHASSEE, FL 32301**

2. Principal Place of Business
Leon High School
Suite, Apt. #, etc.
550 E. Tennessee St.
City & State
Tallahassee, FL
Zip
32301
Country
USA

3. Mailing Address
c/o Jan Lewis, President
Suite, Apt. #, etc.
1115 Mimosa Dr.
City & State
Tallahassee, FL
Zip
32312-3015
Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
50-0002979
Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MARTS, MACHELLE
3361 CHARLESTON RD
TALLAHASSEE, FL 32309**

7. Name and Address of Now Registered Agent
Name
Jan Lewis
Street Address (P.O. Box Number is Not Acceptable)
1115 Mimosa Dr.
City
Tallahassee FL Zip Code
32312-3015

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jan Lewis

Signature, typewritten name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

400019746054
05/22/03--01080-015 **\$61.25
5/9/03

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	CHAPMAN, MARY	
STREET ADDRESS	702 WAVERLY RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	D	☒ Delete
NAME	COLLIER, JOAN	
STREET ADDRESS	411 WILSON AVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	D	☒ Delete
NAME	GAUTIER, MOLLY	
STREET ADDRESS	184 ROSEHILL DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	D	☐ Delete
NAME	LEWIS, JAN	
STREET ADDRESS	1115 MIMOSA DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	D	☒ Delete
NAME	MARTS, MACHELLE	
STREET ADDRESS	3361 CHARLESTON RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D + 1st V.P.	☒ Change ☐ Addition
NAME	Lorraine Bryan	
STREET ADDRESS	2828 Fitzpatrick Dr.	
CITY-ST-ZIP	Tallahassee, FL 32309	
TITLE	D + Treasurer	☒ Change ☐ Addition
NAME	Mary Chapman	
STREET ADDRESS	702 Waverly Rd.	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	D + Secretary	☐ Change ☒ Addition
NAME	Cynthia Gaines	
STREET ADDRESS	1426 Victoria St.	
CITY-ST-ZIP	Tallahassee, FL 32310	
TITLE	D + President	☒ Change ☐ Addition
NAME	Jan Lewis	
STREET ADDRESS	1115 Mimosa Dr.	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	D + 2nd V.P.	☐ Change ☒ Addition
NAME	Shirley Shields	
STREET ADDRESS	3104 Mac Rd.	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	D + Exec. V.P.	☐ Change ☒ Addition
NAME	Leslie Smith	
STREET ADDRESS	2229 Demeron Rd.	
CITY-ST-ZIP	Tallahassee, FL 32312	

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:

Jan Lewis Jan Lewis, President & Director

5/9/03

(850) 508-1622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/02)

21 5/9