

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20450

1. Entity Name

HORIZON GYMNASTICS BOOSTER CLUB, INC.

Principal Place of Business

Mailing Address

C/O KATHY STUENKEL
285 ADALIA TERRACE
PORT CHARLOTTE FL 33953

C/O KATHY STUENKEL
285 ADALIA TERRACE
PORT CHARLOTTE FL 33953

2. Principal Place of Business

3. Mailing Address

C/O Shelly Paull
Suite, Apt. #, etc.
285- Adalia Terr.

C/O Shelly Paull
Suite, Apt. #, etc.
285- Adalia Terr.

City & State
Port Charlotte, FL
Zip
33953
Country
USA

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Port Charlotte, FL
Zip
33953
Country
USA

4. FEI Number 59-2395964

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

OAKS, DAVID K
407 E MARION AVENUE
101
PUNTA GORDA FL 33950

Name

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

City

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PAULL, SHELLY
501 CLEARVIEW DR
PORT CHARLOTTE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STUENKEL, KATHY
716 CLEARVIEW DR.
PORT CHARLOTTE FL 33953 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OAKS, PATTI
27245 PORTO NATIONAL DR.
PUNTA GORDA FL 33983 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Louise Wynn
390 Border St.
Port Charlotte, FL 33953 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90125 028 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

UBR4-389