

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90028 024 ****61.25

0022351

DOCUMENT # N29326

1. Entity Name

CENTRAL FLORIDA GYMNASTICS ASSOCIATION, INC.

Principal Place of Business

PO BOX 161543
ALTAMONTE SPRINGS FL 32716-1543

Mailing Address

PO BOX 161543
ALTAMONTE SPRINGS FL 32716-1543

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

59-2950291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAY, JUDY
2825 NICHOLAS LN
APOPKA FL 32703

7. Name and Address of New Registered Agent

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

TITLE PD
NAME GRAY, JUDY
STREET ADDRESS 2825 NICHOLAS LN
CITY-ST-ZIP APOPKA FL 32703 ☐ Delete

TITLE VD
NAME HYDE, DEBBIE
STREET ADDRESS 1350 E OHIO AVE
CITY-ST-ZIP LAKE HELEN FL 32744 ☒ Delete

TITLE T
NAME STUMP, DAVID
STREET ADDRESS 607 THUNDER TR
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

TITLE SD
NAME MORTENSEN, KATHLEEN
STREET ADDRESS 487 MCCRAKEN RD
CITY-ST-ZIP LAKE HELEN FL 32744 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VD**
NAME **SUSAN PHIPPS**
STREET ADDRESS **304 GREEN OAK CT**
CITY-ST-ZIP **LONGWOOD, FL 32779** ☐ Change ☒ Addition

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

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

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

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 #

CR2E037 (10/00)