

2002 UNIFORM BUSINESS REPORT (UBR)

3/21

FILED
Jun 03, 2002 8:00 am
Secretary of State

03-25-2002 90071 037 ****61.25

DOCUMENT # N29326

1. Entity Name

CENTRAL FLORIDA GYMNASTICS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 161543
 ALTAMONTE SPRINGS FL 32716-1543

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**

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAY, JUDY
2825 NICHOLAS LN
APOPKA FL 32703

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

TITLE **Vice President D** ☒ Change ☐ Addition
 NAME **Gray, Judy**
 STREET ADDRESS **2825 Nicholas Lane**
 CITY-ST-ZIP **Apopka, FL 32703**

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

TITLE **Treasurer** ☐ Change ☒ Addition
 NAME **Martin, Rebecca**
 STREET ADDRESS **474 Newhope Drive**
 CITY-ST-ZIP **Altamonte Springs, FL 32714**

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

TITLE **Secretary D** ☐ Change ☒ Addition
 NAME **Sheckler, Dona**
 STREET ADDRESS **39314 Hwy 439**
 CITY-ST-ZIP **Umahtilla, FL 32784**

TITLE **VD** ☐ Delete
 NAME **PHIPPS, SUSAN**
 STREET ADDRESS **304 GREEN OAK COURT**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **President D** ☒ Change ☐ Addition
 NAME **Phipp, Susan**
 STREET ADDRESS **304 Green Oak Court**
 CITY-ST-ZIP **Longwood, FL 32779**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 Required

1/25/02

407 389 1192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)