

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003652

1. Entity Name

APOLLO GYMNASTICS BOOSTERS, INC.

Principal Place of Business

Mailing Address

2140 RANGE RD.
UNIT G
CLEARWATER FL 34625

2140 RANGE RD.
UNIT G
CLEARWATER FL 34625

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

59-3269875

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

Name

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

City

FL

Zip Code

BISHOP, KARL L
2140 RANGE RD.
UNIT G
CLEARWATER FL 34625

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 \$81.25

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
BISHOP, KARL
2140 RANGE RD UNIT G
CLEARWATER FL 33765-2127 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BLITCH, DAVID
13521 INDIAN OAKS TR.
LARGO FL 33774 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Swanson, Lisa D
2245 Tulip Tree Lane
Clearwater, FL 33765 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BLITCH, NANCY
13521 INDIAN OAKS TR.
LARGO FL 33774 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Wolf, Barbara
1241 Cordoba Ct
Dunedin FL 34698 ☐ 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

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:

Barbara J Wolf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 29, 2002 8:00 am
Secretary of State

04-17-2002 90091 017 ****61.25



DO NOT WRITE IN THIS SPACE

CP2E037 (9/01)