

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005295

1. Entity Name

BAY AREA CHEERLEADER ASSOCIATION INC.

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90007 046 ****61.25

Principal Place of Business	Mailing Address
3816 WEST SLIGH AVE TAMPA FL 33614	3816 WEST SLIGH AVE TAMPA FL 33614-3961

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3353678	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent--

YOUNG, DAVID K JR.
1456 BRIARWOOD CT.
SAFETY HARBOR FL 34695

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 _____ (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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YOUNG, DAVID K JR.		NAME		
STREET ADDRESS	1456 BRIARWOOD CT		STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAWHORNE, CRAIG		NAME		
STREET ADDRESS	8050 FAWN RIDGE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33610		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARCIA, PATTY		NAME		
STREET ADDRESS	4403 NORTH A STREET		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YOUNG, TONI L.		NAME		
STREET ADDRESS	1456 BRIARWOOD COURT		STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL 34695		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JIMENEZ, GARY G		NAME		
STREET ADDRESS	3816 WEST SLIGH AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33614		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEBER, WILLIAM D		NAME		
STREET ADDRESS	2406 KENWICK DR		STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		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: DAVID K. K. YOUNG, JR. 1-30-2000 727-797-1228
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)