

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90007 042 ****61.25

DOCUMENT # N95000005295

1. Entity Name

BAY AREA CHEERLEADER ASSOCIATION INC.

Principal Place of Business

**3816 WEST SLIGH AVE
TAMPA FL 33614**

Mailing Address

**3816 WEST SLIGH AVE
TAMPA FL 33614**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

JIMMY EVANS

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

3816 WEST SLIGH AVE

City

TAMPA

FL

Zip Code

33614

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

JIMMY EVANS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-12-01

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	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, DAVID K JR.	
STREET ADDRESS	1456 BRIARWOOD CT	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWHORNE, CRAIG	
STREET ADDRESS	8050 FAWNBRIDGE CIRCLE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, PATTY	
STREET ADDRESS	4403 NORTH A STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, TONI L.	
STREET ADDRESS	1456 BRIARWOOD COURT	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	D	<input type="checkbox"/> Delete
NAME	JIMENEZ, GARY G	
STREET ADDRESS	3816 WEST SLIGH AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WEBER, WILLIAM D	
STREET ADDRESS	2406 KENWICK DR	
CITY-ST-ZIP	VALRICO FL 33594	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIMMY EVANS	
STREET ADDRESS	3816 WEST SLIGH AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICKY BENTON	
STREET ADDRESS	3816 WEST SLIGH AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	TD Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CINDY WILE	
STREET ADDRESS	3816 WEST SLIGH AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE GRIMES	
STREET ADDRESS	3816 WEST SLIGH AVE	
CITY-ST-ZIP	TAMPA FL 33614	

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:

JIMMY EVANS

3-12-01

813-478-6038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)