

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90404 042 \*\*\*\*61.25

0018943

**DOCUMENT # N96000003427**

1. Entity Name

**TATE HIGH SCHOOL CHEER ASSOCIATION, INC.**

Principal Place of Business

1205 MILL CREEK TRAIL  
 CANTONMENT FL 32533  
 US

Mailing Address

P.O. BOX 665  
 GONZALEZ FL 32560  
 US

00053859



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3292 COPPER RIDGE CIRCLE**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**CANTONMENT, FL**

City & State

4. FEI Number

**59-3398640**

Applied For

Not Applicable

Zip

**32533**

Country

**US**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**STONER, MARIE M**  
**1205 MILL CREEK TRAIL**  
**CANTONMENT FL 32533**

7. Name and Address of New Registered Agent

Name

**ELLIOTT, MARY E.**

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

**3292 COPPER RIDGE CIRCLE**

City

**CANTONMENT**

**FL**

Zip Code

**32533**

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 **MARY E. ELLIOTT, TD**

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

*Mary E. Elliott*

(NOTE: Registered Agent signature required when reinstating)

**4/30/01**

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** ☐ Delete  
 NAME **MANNING, KATHY**  
 STREET ADDRESS **3265 COPPER RIDGE CIRCLE**  
 CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **VPD** ☒ Delete  
 NAME **SAPP, LAURIE**  
 STREET ADDRESS **3108 CREEKWOOD DRIVE**  
 CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **TD** ☒ Delete  
 NAME **STONER, MARIE M**  
 STREET ADDRESS **1205 MILL CREEK TRAIL**  
 CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **SD** ☐ Delete  
 NAME **SMITH, KAREN**  
 STREET ADDRESS **11584 DUELING OAKS DRIVE**  
 CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VPD** ☒ Change ☐ Addition  
 NAME **STAFFORD, RAE**  
 STREET ADDRESS **2246 Bobwhite LANE**  
 CITY-ST-ZIP **PENSACOLA, FL 32534**

TITLE **TD** ☒ Change ☐ Addition  
 NAME **ELLIOTT, MARY**  
 STREET ADDRESS **3292 COPPER RIDGE CIRCLE**  
 CITY-ST-ZIP **CANTONMENT, FL 32533**

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

TITLE ☐ Change ☐ Addition  
 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: **MARY E. ELLIOTT, TD** *Mary E. Elliott* **4/30/01** **850-477-4740**

CR2E037 (10/00)