## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N96000004636

Entity Name

HARBOR CITY GYMNASTIC BOOSTER CLUB, INC.								02-27-2003 90178 006 ****61.25				
2720 CENTER PLACE 2720				Mailing Address 720 CENTER PLACE ELBOURNE FL 32940 S				1 15 <b>8</b> :11 <b>9</b> 1 <b>2:</b> 8 11	111 <b>0 0</b> 1121 <b>12</b> 221 0 <b>2</b> 112 <b>2</b>	<b>.</b> (() <b>16</b> (() <b>88</b> (	ii <b>dib</b> i <b>a a</b> li <b>aa</b>	SIIR BIIZ IBRI
2. Principal Place of Business 3. Ma				Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State					4. FEI Number <b>59-3402892</b> . Applied For Not Applicable				• •
Zip Country		Zip		Cou	Country		5. Certificate of S	tatus Desired		\$8.75 Ad Fee Require	lditional	
6. Name and Address of Current Registered Agent								7. Name and Add	frace of Now Po-	nistered /		<b>3</b> u
			3.2			Name		7. Italio alia Aat	iless of New Me	gistered A	-gent	
CORREIA	, PATRICIA I	v		ا خالماناتها کالمانات	ي						<u>ه ح</u>	
300 CAR		<i>.</i>				Street A	Address (F	P.O. Box Number is	Not Acceptable)			
WELDOO	MNE FL 3294	N T										
	•					FL   <sup>2</sup>			Zip Coc	te		
8. The above	e named entity tions of registe	submits this statement f	for the purpo	ose of changing its	registere	d office o	r registere	ed agent, or both, in	the State of Flori	da. I am f	amiliar with,	and accept
						-						
SIGNATURE	•	· .				•						ļ.
S. Cone	Signature, typed o	r printed name of registered agen	nt and title if appli	cable. (NOTE	: Registered	Agent signa	ture required	when reinstating)	•	DATE		
				<del>-</del>			<del></del>					
					9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State				
10.		OFFICERS AND D	IRECTORS		11.		. A	DDITIONS/CHANG	I ES TO OFFICERS	S AND DIF	RECTORS IN	l 10
TITLE	PD				TITLE	•	₽D		*******		Change	Addition
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CITY-ST-ZIP	PALM BAY	FL 32907	_		CITY-	ST-ZIP	Mell	bourne, F	L 32940	>		
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NAME	CORREIA, F				NAME							
STREET ADDRESS CITY-ST-ZIP	300 CARME MELBOURN					T ADDRESS						
	D	E FL 32940			-	ST-ZIP	,	_				
NAME	CARR, TER		<b>-</b>	Delete	TITLE		1			د <del>، منتمار</del> ، م	☐ Change	_ 4ddition
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NAME	FERRIS, JUI	DY		E Delete	NAME		Dovo	rly Garz	٥.		☐ Change	Addition
STREET ADDRESS		ACHIAN DRIVE				T ADDRESS	1824	t Dakwac	d Trail			ļ
CITY-ST-ZIP	MELBOURN				CITY-	ST-ZIP	mel	bourne, F	L 3293	ಶ		
TITLE				☐ Delete	TITLE						Change	Addition
NAMÉ					NAME							
STREET ADDRESS					STREE	T ADDRESS						}
CITY-ST-ZIP					CiTY-	ST-ZIP						
TITLE		<u> </u>		☐ Delete	TITLE						☐ Change	☐ Addition

**FILED** 

Feb 27, 2003 8:00 am Secretary of State

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-\$T-ZIP

SIFFITHTURE BEDYATEICH CORREIA 2/20/03 321-767-9236