

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # N96000005798

1. Entity Name

STATE CHEERLEADING ASSOCIATION, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

02-25-2000 90013 024 ****61.25

Principal Place of Business

Mailing Address

10100 NW 47TH STREET 7748 NW 44th St
SUNRISE FL 33351

10100 NW 47TH STREET 7748 NW 44th St
SUNRISE FL 33351-6204

2. Principal Place of Business

7748 NW 44th St
Suite, Apt. #, etc.

3. Mailing Address

7748 NW 44th St.
Suite, Apt. #, etc.

City & State

Sunrise, Fla.

Zip

33351

Country

USA

City & State

Sunrise, Fla.

Zip

33351

Country

USA

4. FEI Number

59-3409460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUCCI, REGINA M

10100 NW 47TH STREET 7748 NW 44th St.
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name

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

7748 NW 44 Street

City Sunrise

FL

Zip Code

33351

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 of registered agent and title if applicable.

(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

TITLE	PD President	<input type="checkbox"/> Delete
NAME	BUCCI, REGINA M	
STREET ADDRESS	9603 NW 4 ST.	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	LINDHOLM, BILL	
STREET ADDRESS	9100 W. ATLANTIC BLVD.	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	VANNEEDEN, SHARON	
STREET ADDRESS	3413 GALT OCEAN DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33001	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	LINDHOLM, CHRISSIE	
STREET ADDRESS	9100 W. ATLANTIC BLVD.	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	T Kathleen L. Treasurer	<input type="checkbox"/> Delete
NAME	ROSE, KATHLEEN L	
STREET ADDRESS	6453 NW 105TH TERRACE	
CITY-ST-ZIP	PARKLAND FL 33076	
TITLE	Combs, Lori B. Vice Pres.	<input type="checkbox"/> Delete
NAME	1142 NW 130 AVENUE	
STREET ADDRESS	Pembroke Pines, FL 33028	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, KATHLEEN L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00

Daytime Phone #

954-753-1509

CR2E037 (9/99)