

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000246

1. Entity Name

GYM FORCE ALL STAR CHEERLEADER BOOSTERS ASSOCIAT

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90108 026 \*\*\*\*61.25

Principal Place of Business

Mailing Address

GYM FORCE ATHLETIC TRAINING CENTER  
2855 INDUSTRIAL PLAZA DRIVE  
TALLAHASSEE FL 32301

GYM FORCE ATHLETIC TRAINING CENTER  
2855 INDUSTRIAL PLAZA DRIVE  
TALLAHASSEE FL 32301-3542

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3420610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILL, KATHY  
12718 LAUREL HILL DR  
TALLAHASSEE FL 32308

Name

Jim Hisey

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

Gym Force Athletic Training Center  
2855 Industrial Plaza Dr.

City

Tallahassee

FL

Zip Code  
32301

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-00

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
WILL, KATHY  
12718 LAUREL HILL DRIVE  
TALLAHASSEE FL 32308 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD  
BELL, DELSIE  
5116 CENTENNIAL OAK CIRCLE  
TALLAHASSEE FL 32308 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
BOGGS, SHEILA  
3900 WOOD GREEN WAY  
TALLAHASSEE FL 32308 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SI  
Elise Brown  
2113 LaRochelle Dr.  
Tallahassee, FL 32308 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VI  
Donna Weisman  
6453 Bold Venture Tr.  
Tallahassee, FL 32308 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

878-6870

Date

Daytime Phone #

CR2E037 (9/99)