4/6

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
04-06-2001 90023 032 ****61.25

DOCUMENT # N97000000246

1. Entity Name

GYM FORCE ALL STAR CHEERLEADER BOOSTERS ASSOCIAT

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

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 Drive 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: James Hisey — 4-1-01
Signature, typed or printed name 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME WILL, KATHY STREET ADDRESS 12718 LAUREL HILL DRIVE CITY-ST-ZIP TALLAHASSEE FL 32308	☑ Delete	TITLE P NAME Donna Weisman STREET ADDRESS 6453 Bold Venture Trail CITY-ST-ZIP Tallahassee, FL 32308	☑ Change ☐ Addition PD
TITLE TD NAME BELL, DELSIE STREET ADDRESS 5116 CENTENNIAL OAK CIRCLE CITY-ST-ZIP TALLAHASSEE FL 32308	☑ Delete	TITLE T NAME Vickie Harris STREET ADDRESS 2087 Woodbine Drive CITY-ST-ZIP Tallahassee, FL 32308	☑ Change ☐ Addition TD
TITLE SD NAME BOGGS, SHEILA STREET ADDRESS 3900 WOOD GREEN WAY CITY-ST-ZIP TALLAHASSEE FL 32308	☑ Delete	TITLE SD NAME Jo Marie Olk STREET ADDRESS 2683 Hannon Hill Drive CITY-ST-ZIP 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: Vickie J. Harris, Treasurer — 4/4/01 — 893-2227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #