FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 08, 2002 8:00 am Secretary of State DOCUMENT # N9700000246 04-08-2002 90244 030 ****61.25 GYM FORCE ALL STAR CHEERLEADER BOOSTERS ASSOCIAT ION, INC. Principal Place of Business Mailing Address GYM FORCE ATHLETIC TRAINING CENTER GYM FORCE ATHLETIC TRAINING CENTER 2855 INDUSTRIAL PLAZA DRIVE 2855 INDUSTRIAL PLAZA DRIVE TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3420610 City & State City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ~Name-್ ಕ್ರೀಟ್ ಕ್ರ HISEY, JIM Street Address (P.O. Box Number is Not Acceptable) GYM FORCE ATHLETIC TRAINING CENTER 2855 INDUSTRIAL PLAZA DRIVE TALLAHASSEE FL 32301 Zip Code 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. 6 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE Addition Delete WEISMAN, DONNA Vickie J Harris ō NAME NAME 6453 BOLD VENTURE TRAIL 2087 Woodbine Drive Tallahassee, FL 32309 STREET ADDRESS **CR2E037** STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-ZIP CITY-ST-ZIP Change | 🔽 Delete TITLE ☐ Addition TITLE HARRIS, VICKIE NAME NAME Jo Marie Olk 2087 WOODDINE DRIVE 2683 Hannon Hill Drive STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32308 Tallahassee FL 32308 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE SD~ ~~ Change -BOGGS, SHEILA Debbie Terfinko NAME NAME 1130 Conservancy Drive, Tallahassee, FL 32312 2683 HANNON HILL DRIVE STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

March 27, 2002 921-6417