

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90137 027 ****70.00

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1. Entity Name

ALL FLORIDA GYMNASTICS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1700 PINE AVE
WINTER PARK FL 32789**

**P. O. BOX 1681
LONGWOOD FL 32752
US**

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

59-3463338

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

**KITTINGER, SANDRA
1700 PINE AVE
WINTER PARK FL 32789**

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
min. will be \$236.25.**

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 KITTINGER, SANDRA B ☐ Delete
STREET ADDRESS 1700 PINE AVE
CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE SD
NAME PLOENES, BARBARA ☒ Delete
STREET ADDRESS 711 TIMBERWILDE AVE
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE SD ☐ Change ☒ Addition
NAME Janet Derner
STREET ADDRESS 384 Eagle Creek Cir
CITY-ST-ZIP Lake Mary, FL 32746

TITLE VPD
NAME MADDAMMA, DONNA ☒ Delete
STREET ADDRESS 487 CHESTNUT CT.
CITY-ST-ZIP DELTONA FL 32725

TITLE JPD ☐ Change ☒ Addition
NAME Pamela McLune
STREET ADDRESS 1604 Vernon Loop
CITY-ST-ZIP Oviedo, FL 32765

TITLE VPD
NAME MUSTO, ANNE ☐ Delete
STREET ADDRESS 502 SADDLEWOOD LANE
CITY-ST-ZIP WINTER SPRINGS FL 32708

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

TITLE TD
NAME HARTMAN, TAMARA ☐ Delete
STREET ADDRESS 1728 TIMOCUAN WY
CITY-ST-ZIP LONGWOOD FL 32750

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

TITLE D
NAME LATHAM, LORI ☐ Delete
STREET ADDRESS 2483 ELDRIDGE STREET
CITY-ST-ZIP DELTONA FL 32738

TITLE ☐ Change ☐ 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: *Tamara R Hartman* **TO 3/6/02 31228 3888**

CR2E037 (4/02)