

# 2061 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 90021 010 \*\*\*\*70.00

**DOCUMENT # N98000004106**

1. Entity Name

**S.W. FLORIDA ALL-STAR CHEERLEADERS, INC.**

Principal Place of Business

Mailing Address

4204 SE 2ND AVE  
 CAPE CORAL FL 33904

POST OFFICE BOX 61564  
 FT. MYERS FL 33906-1564

2. Principal Place of Business

6410 Arc Way

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers FL

City & State

4. FEI Number

65-0875856

Applied For

Not Applicable

Zip

Country

33912

here

Zip

Country

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

GLATZ, CONNIE  
 4204 SE 2ND AVE  
 CAPE CORAL FL 33904

3405 Winkler AVE EXT.  
 Apt 203  
 Fort Myers, FL 33916-8406

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.

SIGNATURE

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          | DP                     | <input type="checkbox"/> Delete            |
| NAME           | GLATZ, CONNIE          |  |
| STREET ADDRESS | P.O. BOX 50023         |  |
| CITY-ST-ZIP    | FT MYERS FL 33994-0023 |  |
| TITLE          | DV                     | <input checked="" type="checkbox"/> Delete |
| NAME           | LEWIS, MARYBETH        |  |
| STREET ADDRESS | 1738 SE 29TH LN        |  |
| CITY-ST-ZIP    | CAPE CORAL FL 33904    |  |
| TITLE          | DS                     | <input checked="" type="checkbox"/> Delete |
| NAME           | MONTGOMERY, JEAN       |  |
| STREET ADDRESS | 1002 EDISON AVE        |  |
| CITY-ST-ZIP    | LEHIGH ACRES FL 33936  |  |
| TITLE          | DT                     | <input type="checkbox"/> Delete            |
| NAME           | HAMLIN, LAURA          |  |
| STREET ADDRESS | 144 SE 17 TERR         |  |
| CITY-ST-ZIP    | CAPE CORAL FL 33994    |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

|                |   |   |
|----------------|---|---|
| TITLE          | DP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME           | Connie Glatz  |   |
| STREET ADDRESS | P.O. Box 61564  |   |
| CITY-ST-ZIP    | Fort Myers, FL 33906-1564                               |   |
| TITLE          | DV  | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Donna Berthel   |   |
| STREET ADDRESS | 4816 MARINE DR #1                                       |   |
| CITY-ST-ZIP    | CAPE CORAL, FL 33904                                    |   |
| TITLE          | DS  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Richard Meeks   |   |
| STREET ADDRESS | P.O. Box 61564 3405 Winkler Ave, Ext Apt 203 - Ft Myers |   |
| CITY-ST-ZIP    | Fort Myers, FL 33906-1564 33916                         |   |
| TITLE          | DT  | <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    |   |   |

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:

*Connie Glatz*

5-16-01

941 936-7079

CR2E037 (10/00)