

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 23, 2003 8:00 am**  
**Secretary of State**

06-23-2003 90054 001 \*\*\*\*61.25

0050990

**DOCUMENT # N98000004106**

1. Entity Name

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



Principal Place of Business

**6410 ARC WAY-B  
FORT MYERS FL 33912**

Mailing Address

**6410 ARC WAY-B  
FORT MYERS FL 33912**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0875856**

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

**GLATZ, CONNIE  
3401 WINKLER AVE EXT APT 114  
FORT MYERS FL 33916**

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

*Connie Glatz*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DPT** ☐ Delete  
NAME **GLATZ, CONNIE**  
STREET ADDRESS **3401 WINKLER AVE EXT. APT 114**  
CITY-ST-ZIP **FORT MYERS FL 33916**

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

TITLE **DVPS** ☐ Delete  
NAME **GLATZ, TANYA**  
STREET ADDRESS **3401 WINKLER AVE EXT APT 114**  
CITY-ST-ZIP **FORT MYERS FL 33916-8406**

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

TITLE **D** ☒ Delete  
NAME **SMITH, PAMALA**  
STREET ADDRESS **1906 NE 25TH STREET**  
CITY-ST-ZIP **CAPE CORAL FL 33909**

TITLE **D** ☒ Change ☐ Addition  
NAME **Chris Smalluck**  
STREET ADDRESS **718 Edison Ave,**  
CITY-ST-ZIP **Lehigh Acres, FL. 33936**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Connie Glatz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/03 239-936-7079**

Date Daytime Phone #

1 CR2E037 (10/02)