

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-15-2001 90188 011 ****61.25

DOCUMENT # N98000005531

1. Entity Name

PINELLAS CHEER ELITE CHEERLEADER AND DANCE ASSOC

Principal Place of Business

Mailing Address

11801 28TH ST N.
 5B
 SAINT PETERSBURG FL 33716

5618 SYCAMORE ST. N.
 SAINT PETERSBURG FL 33703

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3535779

Applied For

Not Applicable

Zip

Country

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

QUINCEL, RONALD E
5618 SYCAMORE ST NO
ST. PETERSBURG FL 33703

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIDO, CHERYL Z	
STREET ADDRESS	920 16TH AVE. SW	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESPOSITO, MICHELE	
STREET ADDRESS	6821 3RD ST. NO.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZIMMERMAN, ROBIN	
STREET ADDRESS	858 41ST AVE N.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	
TITLE	P	<input type="checkbox"/> Delete
NAME	QUINCEL, RONALD E	
STREET ADDRESS	5618 SYCAMORE ST N.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SUNDARA, SONEPHET	
STREET ADDRESS	1500 22RD AVE N.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BARNES, CINDY	
STREET ADDRESS	1438 46 AVE N.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ST/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANDICE J Quinzel	
STREET ADDRESS	5618 SYCAMORE ST N.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRACEY Quinzel	
STREET ADDRESS	5618 SYCAMORE ST N.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
TITLE		<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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)