

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

02-27-2002 90311 006 ****61.25
05-27-2002 90501 028 ****61.25

DOCUMENT # **N98000006651**

1. Entity Name

Wolverine Cheerleaders Parents Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13869 Ishnala Cir

Suite, Apt. #, etc.

3. Mailing Address

13869 Ishnala Cir

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Wellington, FL

City & State

Wellington, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

33414

Country

Zip

33414

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Charles L. Geer**

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

13869 Ishnala Cir

City

Wellington

FL

Zip Code

33414

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

FEE IS \$61.25

Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Charles L. Geer
13869 Ishnala Cir.
Wellington, FL 33414**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**O
Viaki Martin
13869 Ishnala Cir
Wellington, FL 33414**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**O
Cheryl A. Miller
1030 North B. St.
Lake Worth, FL 33460**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Charles L. Geer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02 561-840-0848

Date

Daytime Phone #

CR2E037B (12/01)