

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007048

1. Entity Name

INTERNATIONAL RHYTHMIC GYMNASTICS, INC.

Principal Place of Business

7580 KESTREL DRIVE
JACKSONVILLE FL 32222

Mailing Address

P.O. BOX 440207
JACKSONVILLE FL 32222

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

59-3130795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, MAYRA E
7580 KESTREL DRIVE
JACKSONVILLE FL 32222

7. Name and Address of New Registered Agent

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

TITLE: EDP
NAME: FERNANDEZ, MAYRA E
STREET ADDRESS: 7580 KESTREL DRIVE
CITY-ST-ZIP: JACKSONVILLE FL 32222 ☐ Delete

TITLE: S
NAME: RAMOS, DORA L
STREET ADDRESS: 1563 PAWNEE STREET
CITY-ST-ZIP: ORANGE PARK FL 32065 ☐ Delete

TITLE: TD
NAME: COCHRAN, NITZA T
STREET ADDRESS: 7580 KESTREL DRIVE
CITY-ST-ZIP: JACKSONVILLE FL 32222 ☐ Delete

TITLE: D
NAME: JUSTICE, KEZIA S
STREET ADDRESS: 1824 NORTH LAURA
CITY-ST-ZIP: JACKSONVILLE FL 32206 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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: *Mayra E Fernandez*

9.1.02 (904)568-4335

CR2E037 (4/02)



DO NOT WRITE IN THIS SPACE