

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90015 032 ***150.00

DOCUMENT # P00000077298

1. Entity Name

First Coast Cheer Center, Inc.

Principal Place of Business

Mailing Address

329 Parkridge Ave. # 7
 Orange Park, FL 32065

2. Principal Place of Business

First Coast Cheer Center, Inc.

3. Mailing Address

Suite, Apt. #, etc.

329 Parkridge Ave # 7

City & State

Orange Park, FL

Zip

32065

Country

32065

Suite, Apt. #, etc.

City & State

Zip

32065

Country

32065

4. FEI Number

59-3664402

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

Beverly Ramos
 329 Parkridge Ave # 7
 Orange Park, FL 32065

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 Beverly M Ramos

5-1-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Delete
NAME	Beverly Ramos	
STREET ADDRESS	329 Parkridge Ave # 7	
CITY-ST-ZIP	Orange Park, FL 32065	
TITLE		<input type="checkbox"/> Delete
NAME	Katherine Meissner	
STREET ADDRESS	329 Parkridge Ave # 7	
CITY-ST-ZIP	Orange Park, FL 32065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beverly M Ramos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-01

Date

904-272-4522

Daytime Phone #

CR2E034 (11/00)