

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37363

1. Entity Name

VARSITY SPIRIT FASHIONS & SUPPLIES, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90017 010 ***150.00

Principal Place of Business

Mailing Address

2525 HORIZON LAKE DR.MEMPHIS. TENN 38133
P.O. BOX 341789
MEMPHIS TN 38184-1789

2525 HORIZON LAKE DR.MEMPHIS. TENN 38133
P.O. BOX 341789
MEMPHIS TN 38184-1789

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

41-1459853

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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, 2000 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 PCD ☐ Delete
NAME WEBB, JEFFREY G.
STREET ADDRESS 2525 HORIZON LAKE DR, #1
CITY-ST-ZIP MEMPHIS TN

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

TITLE V ☐ Delete
NAME BOYD, KLINE
STREET ADDRESS 2525 HORIZON LAKE DR #1
CITY-ST-ZIP MEMPHIS TN

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

TITLE SD ☒ Delete
NAME MARRONI, LISA
STREET ADDRESS 900 3RD AVE 27TH FL
CITY-ST-ZIP NEW YORK NY 10022

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

TITLE T ☐ Delete
NAME NICHOLS, JOHN
STREET ADDRESS 2525 HORIZON LAKE DR SUITE 1
CITY-ST-ZIP MEMPHIS TN 38133

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

TITLE D ☐ Delete
NAME MAUER, DAVID
STREET ADDRESS 900 3RD AVE 27TH FL
CITY-ST-ZIP NEW YORK NY 10022

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

TITLE D ☐ Delete
NAME GROELINGER, DAVID
STREET ADDRESS 900 3RD AVE 27TH AVE
CITY-ST-ZIP NEW YORK NY 10022

TITLE EVP and Secretary ☒ Change ☐ Addition
NAME David Groelinger
STREET ADDRESS 50 East 42nd St.
CITY-ST-ZIP New York, NY 10017

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:

John M. Nichols
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

2/24/00
Date

Daytime Phone #

CR2E034 (9/99)