

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2000 8:00 am**  
**Secretary of State**  
 07-21-2000 90161 027 \*\*\*550.00

**DOCUMENT # P93000043101**

1. Entity Name  
**SPACE COAST CHEERLEADER TRAINING CENTER, INC.** ✓

Principal Place of Business  
**3390 NORTH COURTENAY PARKWAY**  
**MERRITT ISLAND FL 32953**  
**US**

Mailing Address  
**508 HIDDEN HOLLOW DRIVE**  
**BAY J**  
**MERRITT ISLAND FL 32952**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3390-H, North Courtenay**  
 Suite, Apt. #, etc.

3. Mailing Address  
**508 Hidden Hollow Dr**  
 Suite, Apt. #, etc.

City & State  
**Merritt Island Fla**  
 Zip  
**32953**  
 Country  
**Brevard**

City & State  
**Merritt Island Fla**  
 Zip  
**32952**  
 Country  
**Brevard**

4. FEI Number **59-3185264**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

**LAWSON, DEBORAH S**  
**720 MULLET ROAD**  
**BAY J**  
**CAPE CANAVERAL FL 32920**

**3390-H, North Courtenay Pkwy**  
**Merritt Island Fla**  
**32953**

**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.

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAWSON, DEBORAH S 508 HIDDEN HOLLOW DRIVE MERRITT ISLAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-17-2000 407-452-4716**

Date

Daytime Phone #

CF2E(034 15/00)