

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000036017

1. Entity Name

CHEERLEADING TECHNIQUE CAMPS INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90157 003 ***150.00

Principal Place of Business

Mailing Address

350 NW 39 AVE. SUITE D
GAINESVILLE FL 32609
US

P.O. BOX 15267
GAINESVILLE FL 32604-5267
US

C0006198



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4581 NW 6 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE H

City & State

GAINESVILLE, FL

City & State

4. FEI Number

59-3243877

Applied For

Not Applicable

Zip

32609

Country

US

Zip

Country

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

THORP, JIM
3402 NW 7 AVE
GAINESVILLE FL 32607

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 PD
NAME THORP, JIM
STREET ADDRESS 71 SW 32ND STREET
CITY-ST-ZIP GAINESVILLE FL ☐ Delete

TITLE PD
NAME THORP, JIM
STREET ADDRESS 710 SW 117 ST
CITY-ST-ZIP GAINESVILLE, FL 32607 ☒ Change ☐ Addition

TITLE ST
NAME LEWIS, RHETT
STREET ADDRESS 71 SW 32ND STREET
CITY-ST-ZIP GAINESVILLE FL ☐ Delete

TITLE ST
NAME LEWIS, RHETT
STREET ADDRESS 181 FLORADANDY RD
CITY-ST-ZIP HAWTHORNE, FL 32640 ☒ Change ☐ Addition

TITLE VP
NAME HARRIS, MARCELOUS
STREET ADDRESS 71 SW 32ND STREET
CITY-ST-ZIP GAINESVILLE FL ☐ Delete

TITLE VP
NAME HARRIS, MARCELOUS
STREET ADDRESS 7817 NW 53 WAY
CITY-ST-ZIP GAINESVILLE, FL 32653 ☒ Change ☐ Addition

TITLE VP
NAME BAGBY, DARRELL
STREET ADDRESS 71 SW 32ND STREET
CITY-ST-ZIP GAINESVILLE FL ☐ Delete

TITLE VP
NAME BAGBY, DARRELL
STREET ADDRESS 1024 SW 76 TERR
CITY-ST-ZIP GAINESVILLE, FL 32607 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 of Rhett Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC/TRES

1-7-00

352-371-0775

Date

Daytime Phone #

CR2E034 (9/99)