

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

01-19-2000 90145 046 \*\*\*150.00

**DOCUMENT # P94000072152**

1. Entity Name

**STATE CHEERLEADING CHAMPIONSHIPS, INC.**

Principal Place of Business

350 NW 39 AVE  
 SUITE D  
 GAINESVILLE FL 32609  
 US

Mailing Address

P.O BOX 15267  
 GAINESVILLE FL 32604-5267  
 US

2. Principal Place of Business

4581 NW 6 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE H

City & State

GAINESVILLE, FL

City & State

4. FEI Number

59-3275540

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

THORP, JIM  
 3402 NW 7 AVE  
 GAINESVILLE FL 32607

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 \$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

TITLE	D	<input type="checkbox"/> Delete
NAME	THORP, JIM	
STREET ADDRESS	3402 NW 7 AVE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEWIS, RHETT	
STREET ADDRESS	71 SW 32 ST	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	P	<input type="checkbox"/> Delete
NAME	MOORE, GENE	
STREET ADDRESS	215 WOODROW ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	DOMINGO, PAUL	
STREET ADDRESS	7650 SADDLE RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HARRIS, MARCELOUS	
STREET ADDRESS	71 SW 32ND ST.	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	VP	<input type="checkbox"/> Delete
NAME	THORP, KELLEY	
STREET ADDRESS	3402 NW 7 AVE	
CITY-ST-ZIP	GAINESVILLE FL 32607	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORP, JIM	
STREET ADDRESS	710 SW 117 ST	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, RHETT	
STREET ADDRESS	181 FLORADANDY RD	
CITY-ST-ZIP	HAWTHORNE, FL 32640	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINGO, PAUL	
STREET ADDRESS	507 NW 34 RD	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, MARCELOUS	
STREET ADDRESS	7817 NW 53 WAY	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORP, KELLEY	
STREET ADDRESS	710 SW 117 ST	
CITY-ST-ZIP	GAINESVILLE, FL 32607	

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

Date

Daytime Phone #

*Rhett Lewis* RHETT LEWIS 1-8-00 352-371-0775

CR2E034 (9/99)

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DO NOT WRITE IN THIS SPACE