

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000072152

1. Entity Name

STATE CHEERLEADING CHAMPIONSHIPS, INC.

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90031 026 \*\*\*150.00

Principal Place of Business

4581 NW 6 ST  
SUITE H  
GAINESVILLE FL 32609  
US

Mailing Address

P.O BOX 15267  
GAINESVILLE FL 32604  
US

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 **59-3275540**

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

THORP, JIM  
9402 NW 7 AVE 710 SW 117 ST  
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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	THORP, JIM	710 SW 117 ST	GAINESVILLE FL 32607	
	VP			
	LEWIS, RHETT	181 FLORADANDY RD	HAWTHORNE FL 32640	
	P			
	MOORE, GENE	215 WOODROW ST.	JACKSONVILLE FL	
	V			
	DOMINGO, PAUL	507 NW 39 RD	GAINESVILLE FL 32607	
	ST			
	HARRIS, MARCELOUS	7817 NW 58 WAY	GAINESVILLE FL 32607	
	VP			
	THORP, KELLEY	710 SW 117 ST	GAINESVILLE FL 32607	

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

Date

Daytime Phone #

RHETT LEWIS SEC/TRES 1-15-01 352-371-0775 x11

CR2E034 (10/00)