

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000040292

1. Entity Name

USA CHEERLEADING FEDERATION, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

142 SPYGLASS LN

Suite, Apt. #, etc.

3. Mailing Address

100 HIVE DRIVE

Suite, Apt. #, etc.

City & State

JUPITER, FL

City & State

CHARLOTTE, NC

Zip

33469

Country

Zip

28217

Country

4. FEI Number

57-1050147

Applied for

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WHITE, WILTON, L

Street Address (P.O. Box Number is Not Acceptable)

625 N FLAGLER DRIVE

4TH FLOOR

City

WEST PALM BEACH

FL

Zip Code

33401

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)

☐

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

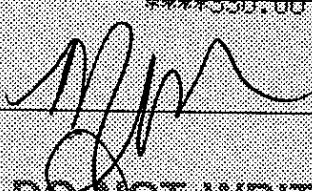
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

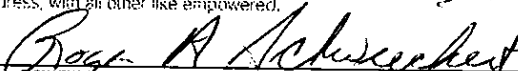
\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SHINN, GEORGE 142 SPYGLASS LANE JUPITER, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600006532996-- -07/19/02--01058--027 ****550.00 ****550.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS DEBLANDER, WAYNE 100 HIVE DRIVE CHARLOTTE, NC	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SCHWEICKERT, ROGER 100 HIVE DRIVE CHARLOTTE, NC	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROGER SCHWEICKERT

10/26/2002 704 357 0252

Date

Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****8.75 *****8.75

DO NOT WRITE IN THIS SPACE

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