FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUL -1 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/19/02--01058--027
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DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000040292

1. Entity Name
USA CHEERLEADING FEDERATION, INC.

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2. Principal Place of Business	3. Mailing Address
142 SPYGLASS LN	100 HIVE DRIVE
Suite, Apt. #, etc.	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

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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

9TH 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	DP
NAME	SHIND, GEORGE
STREET ADDRESS	142 SPYGLASS LANE
CITY-ST-ZIP	JUPITER, FL
TITLE	DVPS
NAME	DEBLANDER, WAUNE
STREET ADDRESS	100 HIVE DRIVE
CITY-ST-ZIP	CHARLOTTE, NC
TITLE	DVP
NAME	SCHWEICKERT, ROGER
STREET ADDRESS	100 HIVE DRIVE
CITY-ST-ZIP	CHARLOTTE, NC
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Roger A Schweickert 6/26/2002 704 357 0252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROGER SCHWEICKERT
Date Daytime Phone #