

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000047313**

1. Entity Name

FLORIDA CHEERLEADING ASSOCIATION, INC.**FILED**
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90093 004 ***150.00

Principal Place of Business

**105-H US 301 SOUTH
TAMPA FL 33619**

Mailing Address

**2214 SPYGLASS HILL CIRCLE
VALRICO FL 33594-5231
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 **59-3382501**Applied For
Not Applicable5. 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

**AHRENS, KIMBALL L
2214 SPYGLASS HILL CIRCLE
VALRICO FL 33594**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Vice Pres, Tres.	AHRENS, KIMBALL L	2214 SPYGLASS HILL CIR	VALRICO FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
President	AHRENS, DOUGLAS C.	2214 SPYGLASS HILL CIR	VALRICO FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
President				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

KIMBALL L AHRENS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3-15-00**

Date

(813) 685-6585
Daytime Phone #

CR2000 10/00