## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000091987 1. Corporation Name

UNITED GYMNASTICS, INC.

## **FILED** Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90036 017 \*\*\*150.00



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Principal Place of Business Mailing Address						f indiant its into delle and	)	10,0,10	
329 PARK RIDGE AVE 2743 HOLLYBAY ROAD STE 5 CRANGE PARK FL 32073						DO NOT WR	ITE IN THIS SPACI	=	
ORANGE PARK	FL 32065					Date Incorporated or Qualifed			
US						11/06/1996			
2. Principal Pl	ace of Business	2a	. Mailing Address			4. FEI Number	T, L	App	ied For
21	same	26	5au	e_		59-3412555			Applicable
Suite, Apt.	#, etc.	$\top$	Suite, Apt. #, etc.		-	5. Certifcate of Status Desired	1 1		Iditional
22	والمنافرة والمنافر والمنطبية والمنافرة والمناف	27	<u>منا چھیائ</u> ے رضام تدی <sup>ی</sup> عین		-7	<u> </u>		ee Req	
City & State	3	$\vdash$	City & State			6. Election Campaign Financing Trust Fund Contribution		.00 M	
23	- County -	28	Zip	Countr			·		
— <u> </u>			30			8. This corporation owes the current year Intangible Personal Property Tax.   ☑ Yes □ No □			
24	9. Name and Address of Current			<u>, l</u>	**	10. Name and Address of New	Registered Agent		
<del></del>	9. Name and Address of Cultum			8	1 Name				
MCCRORIE, HELLA				<u>-</u>	On Other Address (D.O. Box Number is Not Acceptable)				
2743 HOLLYBAY ROAD				0	82 Street Address (P.O. Box Number is Not Acceptable)				
~ ORAI	NGE PARK FL 32073			8	3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		* # , .	
\$				8	4 City		85	Zip Co	ode
105 20 3			<u> </u>				FL	na ito r	ogistored
-H	to the provisions of Sections 607.050: egistered agent, or both, in the State of familiar with, and accept the obligated the MECrorising of the Mechanical Signature, typed or printed name of registered agent.	of Flori tions o	f Section 607,0505, Florid	ia Statute	Allo	Jus Board	ept the appointment	as regi	istered
12.	OFFICERS AN	D DIR		13.		ADDITIONS/CHANGES TO O	FFICERS AND DIR	ECTOF	RS IN 12
TITLE	DPS		☐ DELETE	1.1 TITLE			□ CI		☐ Addition
NAME	MCCRORIE, HELLA			1.2 NAME	<b>.</b>				
STREET ADDRESS	ATTO MOULVOAY DOAD			1.3 STRE	ET ADDRESS			٠,	
CITY-ST-ZIP	ORANGE PARK FL 32073			1.4 CITY-	-ST-ZIP				
TITLE	D		☐ DELETE	2.1 TITLE			CI	ıange	☐ Addition
NAME .	MCCRORIE, JAMES A			2.2 NAME	<b>■</b>		•		
STREET ADDRESS	2743 HOLLYBAY ROAD			2.3 STRE	ET ADDRESS				
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NAME				3.2 NAME	E				
STREET ADDRESS				3.3 STRE	ET ADDRESS	4.			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			3.4. CITY				hange	Addition
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, NAME				4. 2 NAM					
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CITY-ST-ZIP			☐ DELETE	4.4 CITY			ПС	hange	Addition
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NAME	1				EET ADDRESS				
STREET ADDRESS	la participation of the control of t			5.4 CITY		1 1	-	•	
CITY-ST-ZIP			☐ DELETE	6.1 TITL				hange	☐ Addition
TITLE				6.2 NAM	ţ		_	,	
NAME					EET ADDRESS				
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·								

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.