

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State
 02-15-2001 90029 028 ***150.00

0607902

DOCUMENT # P97000029191

1. Entity Name

THE ACADEMY OF OLYMPIC GYMNASTICS INC.

Principal Place of Business

4112 OKEECHOBEE RD
 FT PIERCE FL 34947
 US

Mailing Address

~~307A WETHERBEE RD~~
~~FT PIERCE FL 34982~~
~~US~~

00000000

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3781 25th St.

Fort Pierce

Florida

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0749242**

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

CHIDIAC, FADEL

~~307A WETHERBEE RD~~
~~FT PIERCE FL 34982~~

3781 25th St
 Fort Pierce FL 34981

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

Fadel Chidiac

2-10-01

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	P	<input checked="" type="checkbox"/> Delete
NAME	CHIDIAC, FADEL	
STREET ADDRESS	307A WATHERBEE RD	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE	P	<input type="checkbox"/> Delete
NAME	Joseph Chidiac	
STREET ADDRESS	3781 25th St	
CITY-ST-ZIP	Fort Pierce FL 34981	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Joseph Chidiac

2-10-01

Date

284-5739

Daytime Phone #

CR2E034 (10/00)