

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052212

1. Entity Name

CHEERLEADING TRAINING CENTER, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90157 004 ***150.00

Principal Place of Business

Mailing Address

350 NW 39 AVE., STE. D
GAINESVILLE FL 32609

P.O. BOX 15267
GAINESVILLE FL 32604-5267

LUUUU137



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4581 NW 6 ST

Suite, Apt. #, etc.

SUITE H

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

4. FEI Number

59-3452753

Applied For

Not Applicable

Zip

32609

Country

US

Zip

Country

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

THORP, JIM
3402 NW 7 AVE.
GAINESVILLE FL 32607

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	P JIM THORP 3402 NW 7TH AVE GAINESVILLE FL 32607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JIM THORP 710 SW 117 ST GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS RHEIT LEWIS 71 SW 32ND ST GAINESVILLE FL 32607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS RHETT LEWIS 181 FLORADANDY RD HAWTHORNE, FL 32640	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLEY THORP, 3402 NW 7TH AVE GAINESVILLE FL 32607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLEY THORP 710 SW 117 ST GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DARRELL BAGBY 71 SW 32ND ST. GAINESVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DARRELL BAGBY 1024 SW 76 TERR GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARCELOUS HARRIS 71 SW 32ND ST GAINESVILLE FL 32607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARCELOUS HARRIS 7817 NW 53 WAY GAINESVILLE, FL 32653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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

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:

RHETT LEWIS RHETT LEWIS

1-8-00

352-371-0775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)