

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033034

1. Entity Name

GYMNASTICS FUN, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90144 003 ***150.00

Principal Place of Business

11036 FREEDOM WAY
SEMINOLE FL 33772

Mailing Address

11036 FREEDOM WAY
SEMINOLE FL 33772

D0033998



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1131 9th Circle S.E.

Suite, Apt. #, etc.

3. Mailing Address

1131 9th Circle S.E.

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Largo, FL

4. FEI Number 59-3502161

Applied For

Not Applicable

Zip

33771

Country

US

Zip

33771

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOVELACE, WILLIAM K ESQUIRE
2310 WEST BAY DRIVE
LARGO FL 33770

7. Name and Address of New Registered Agent

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, 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

TITLE PD
NAME LAWSON, CHARLENE
STREET ADDRESS 11036 FREEDOM WAY
CITY-ST-ZIP SEMINOLE FL 33772 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Lawson, Charlene
STREET ADDRESS 1131 9th Circle SE
CITY-ST-ZIP Largo, FL 33771 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)