

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048283

1. Entity Name

FLORIDA ALLSTAR CHEER & DANCE ACADEMY, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90078 010 ***150.00

Principal Place of Business

Mailing Address

1921 ERIN BROOKE DR
 VALRICO FL 33594

1921 ERIN BROOKE DR
 VALRICO FL 33594-4012

2. Principal Place of Business

1921 Erin Brooke DR

Suite, Apt. #, etc.

3. Mailing Address

1921 Erin Brooke DR.

Suite, Apt. #, etc.

City & State

Valrico FL

City & State

Valrico FL 33594

Zip

Country

33594

US

Zip

Country

33594

US

4. FEI Number

59-3512084

☒ 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

FISHER, TERRANCE P
 1921 ERIN BROOKE DR
 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	PD	<input type="checkbox"/> Delete
NAME	FISHER, TERRANCE P	
STREET ADDRESS	1921 ERIN BROOKE DR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

Terrance P. Fisher
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00
 Date

813-643-6111
 Daytime Phone #

CR2E034 (9/99)