

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000061288**

1. Entity Name

NATIONAL HIGH SCHOOL RHYTHMIC GYMNASTICS ASSOCIA**FILED****Feb 21, 2001 8:00 am**
Secretary of State

02-21-2001 90066 025 ***150.00

Principal Place of Business

**LEE DUGGAR RD.
BRISTOL FL 32321**

Mailing Address

**P.O. BOX 488
BRISTOL FL 32321**

2. Principal Place of Business

2222 S Highway 12

Suite, Apt. #, etc.

3. Mailing Address

PO Box 311

Suite, Apt. #, etc.

City & State

Bristol, FL

City & State

Bristol, FL

Zip

32321

Country

Zip

32321-0311

Country

4. FEI Number

58-2406789

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

**KEENAN, GLORIA
HWY 12 SOUTH
P.O. BOX 311 (MAILING)
BRISTOL FL 32321**

Name

Street Address (P.O. Box Number is Not Acceptable)

2222 S. Highway 12

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BARFIELD, JONI	P.O. BOX 488	BRISTOL FL 32321	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VP	ANGUELOVA, EFROSSINA	1710 CANTABURY	JACKSONVILLE FL 32205	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
ST	KEENAN, TOM	LEE DUGGAR RD.	BRISTOL FL 32321	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: Thomas A. Keenan Scty/Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/2001 850-643-5235

Date Daytime Phone #

CR2E034 (10/00)