

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90063 050 ***150.00

DOCUMENT # **P98000106204**

1. Entity Name
SARASOTA ALLSTAR Cheerleading, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4553 MARIOTTI Ct
Suite, Apt. #, etc.
#103

3. Mailing Address
4553 MARIOTTI Ct
Suite, Apt. #, etc.
#103

DO NOT WRITE IN THIS SPACE

City & State
SARASOTA FL
Zip
34233 Country
US

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SARASOTA FL
Zip
34233 Country
US

4. FEI Number
65-0913997
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Debbie Green
Street Address (P.O. Box Number is Not Acceptable)
4877 Rocking Horse Ln
City
SARASOTA FL Zip Code
34241

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 *i*
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
PRESIDENT
Debbie Green
4877 Rocking Horse Lane
SARASOTA FL 34241

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
DONNA JOHNS
4600 VANA DRIVE
SARASOTA FL 34240

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Debbie Green** **Debbie Green**

2/13/02

941 925 0902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)