

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046434

1. Entity Name

EVERGLADES GYMNASTICS ACADEMY, INC.

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

04-19-2000 90020 006 ***150.00

Principal Place of Business

11580 WEST STATE ROAD 84
DAVIE FL 33325

Mailing Address

644 SOUTHEAST 4TH AVENUE
FORT LAUDERDALE FL 33301-3102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0921747

Applied For

Not Applicable

Zip

Country

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

WOODS, PERRY W JR.
644 SOUTHEAST 4TH AVENUE
FORT LAUDERDALE FL 33301

Name

PERRY W. HODGES, JR.

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

644 Southeast 4th Avenue

City

Fort Lauderdale

FL

Zip Code

33301-3102

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

4-5-00

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/S/D
SHERRI L. SCHMITZ
11580 West State Road 84
Davie, FL 33325 ☐ Delete

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

TITLE
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STREET ADDRESS
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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:

Sherril Schmitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5, 2000

Date

(954) 475-3515

Daytime Phone #

CR2E034 (9/99)