

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90026 043 ***150.00

DOCUMENT # P99000067519

1. Entity Name

~~AERIAL'S GYMNASTICS TRAINING CENTER, INC.~~

DreamWork Gymnastics INC

Principal Place of Business

Mailing Address

1000 HOLLAND DRIVE
 SUITES 5.6 & 11
 BOCA RATON FL 33487

1000 HOLLAND DRIVE
 SUITES 5.6 & 11
 BOCA RATON FL 33487-2759

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2194030

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

ROTHMAN, LEE MAX ESQ.
 2295 CORPORATE BLVD., N.W.
 SUITE 134
 BOCA RATON FL 33431

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 ☒ Delete
 NAME **D REID, LYNNDIE**
 STREET ADDRESS **1900 N.W. 25TH STREET**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Change ☒ Addition
 NAME *vice president*
 STREET ADDRESS *Shondarae Gaynor*
 CITY-ST-ZIP *3757 NW 8th St Delray Beach FL 33445*

TITLE ☐ Delete
 NAME **D ANDERSEN, CINDY**
 STREET ADDRESS **2298 N.W. 23RD WAY**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Change ☒ Addition
 NAME *DIP*
 STREET ADDRESS *Cindy Andresen*
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-00

Date

561 988 6108

Daytime Phone #

CR2E034 (9/99)