

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073812

1. Entity Name

AMERICAN CHEER & DANCE, INC.

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90131 044 ***150.00

Principal Place of Business

Mailing Address

4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216

4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216-6191



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6005 Powers Ave
Suite, Apt. #, etc.
206

6005 Powers Ave
Suite, Apt. #, etc.
206

City & State
Jacksonville FL

City & State
Jacksonville FL

4. FEI Number
59-3593949

Applied For
Not Applicable

Zip
32217

Country
U.S.A.

Zip
32217

Country
U.S.A.

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

SCHNEIDER, MICHAEL N
100 NATIONAL FINANCIAL BUILDING
4215 SOUTHPOINT BLVD.
JACKSONVILLE FL 32216

Name
Michael N. Schneider
Street Address (P.O. Box Number is Not Acceptable)
5150 Belfort Road
Building 100
City Jacksonville FL Zip Code 32256

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DUGUID, JAMES W JR.
6005 POWERS AVENUE SUITE 206
JACKSONVILLE FL 32217

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIP/ST
Duguid, James W. JR.
6005 Powers Avenue #206
Jacksonville, FL 32217

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NEWMANS, STEPHEN
6005 POWERS AVENUE SUITE 206
JACKSONVILLE FL 32217

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/V
Newmans, Stephen
6005 Powers Avenue #206
Jacksonville, FL 32217

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-00 904-996-1281

CR2E034 (9/99)