

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 08:00 AM
Secretary of State

DOCUMENT # N97000003711

1. Entity Name
 DISABLED SPORTS USA VOLLEYBALL, INC.

Principal Place of Business 921 N. VILLAGE LAKE DRIVE DELAND FL 32724	Mailing Address 921 N. VILLAGE LAKE DRIVE DELAND FL 32724
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number
59-3453524

Applied For	
Not Applicable	

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SEILKOP CHRIS
 921 N VILLAGE LAKE DR

 DELAND FL 32724 US

7. Name and Address of New Registered Agent

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 _____ DATE **05/15/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS <input type="checkbox"/> Delete MUNN JEFF 4504 SECRET TRAIL COURT SUGAR HILL GA 30518
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete SULLIVAN JOE 4505 FORT MCHENRY PKWY GLEN ALLEN VA 23060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete COGGINS PATRICK D 421 N WOODLAND BLVD DELAND FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete SEILKOP CHRIS 921 NORTH VILLAGE DRIVE DELAND FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS SEILKOP T 05/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)