

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001481

Entity Name: BRAVEHEART LAX CLUB, INC.**Current Principal Place of Business:**375 COMMERCE WAY STE 101
SUITE 101
LONGWOOD, FL 32750**Current Mailing Address:**PO BOX 520090
LONGWOOD, FL 32752 US**FEI Number:** 27-2135129**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AMOS, JR., JOSEPH L
390 N. ORANGE AVE - STE. 2200
ORLANDO, FL 32801 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|-------------------|
| Title | DIRECTOR |
| Name | BUILDER, JOHN |
| Address | PO BOX 520090 |
| City-State-Zip: | LONGWOOD FL 32752 |

| | |
|-----------------|--------------------|
| Title | DIRECTOR |
| Name | FIORDALIS, WILLIAM |
| Address | PO BOX 520090 |
| City-State-Zip: | LONGWOOD FL 32752 |

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|-----------------|---------------------------|
| Title | T |
| Name | ST LAURENT, WILLIAM CRANE |
| Address | 375 COMMERCE WAY STE 101 |
| City-State-Zip: | LONGWOOD 32750 |

| | |
|-----------------|-----------------------|
| Title | SD |
| Name | ROTTENBERG, JASON |
| Address | 2601 ROSE ISLE CIRCLE |
| City-State-Zip: | ORLANDO FL 32803 |

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|-----------------|-----------------------------|
| Title | D |
| Name | AMOS, JR., JOSEPH L |
| Address | 390 N. ORANGE AVE, STE 2200 |
| City-State-Zip: | ORLANDO FL 32801 |

| | |
|-----------------|-------------------|
| Title | D |
| Name | RADER, JOHN |
| Address | 735 TERRACE BLVD. |
| City-State-Zip: | ORLANDO FL 32803 |

| | |
|-----------------|---------------------------------------|
| Title | PRESIDENT |
| Name | VANDER MEULEN, JEFF |
| Address | 375 COMMERCE WAY STE 101 SUITE 101 |
| City-State-Zip: | LONGWOOD FL 32750 |

| | |
|-----------------|-------------------------------|
| Title | VP |
| Name | CASEY, MATT |
| Address | 375 COMMERCE WAY SUITE 101 |
| City-State-Zip: | LONGWOOD FL 32750 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM CRANE ST LAURENT**TREASURER****01/15/2020**

Electronic Signature of Signing Officer/Director Detail

Date