

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90275 046 ****61.25

DOCUMENT # 853424

1. Entity Name

THE ATHLETIC INSTITUTE, INC.



Principal Place of Business

**% JOHN D. RIDDLE, PRESIDENT
200 CASTLEWOOD DR.
NORTH PALM BEACH FL 33408**

Mailing Address

**% JOHN D. RIDDLE, PRESIDENT
200 CASTLEWOOD DR.
NORTH PALM BEACH FL 33408**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-0753530**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RIDDLE, JOHN D.
200 CASTLEWOOD DR.
N. PALM BCH FL 33408**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
C	KAZMAIER, RICHARD	676 ELM ST	CONCORD MA 01742	<input type="checkbox"/>
P	RIDDLE, JOHN D.	200 CASTLEWOOD DR	N PALM BEACH FL	<input type="checkbox"/>
ST	ROGGE, TOM	153 W WARREN	GARDNER KS 66030	<input type="checkbox"/>
D	HEALD, JESS	2100 N JACKSON ST	TULLAHOMA TN 37388	<input type="checkbox"/>
C	HEGE, GREG	2500 SOUTH 25TH AVE	BROADVIEW IL	<input type="checkbox"/>
D	FURNISS, STEVE	15391 SPRINGDALE AVE	HUNTINGTON BEACH CA 92649	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

[Signature] 2/11/03 561 840 1120

CR2E037 (10/02)