FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F92000000577 (8)**

1. Corporation Name

DAVID LEADBETTER GOLF ACADEMY, INC

Principal Place of Business	Mailing Address
9100 CHILTERN DR. ORLANDO FL 32827 US	ONE ERIEVIEW PLAZA STE. #1300 CLEVELAND OH 44114 US

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 11/20/1992	3a. Date of Last Report: 04/24/1995
4. FEI Number: 31-1363881	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MCCORMACK, MARK H		1.2 NAME	
STREET ADDRESS	ONE ERIE VIEW PLAZA #1300		1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44114		1.4 CITY-ST-ZIP	
TITLE	DVS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LAFAVE, ARTHUR J JR		2.2 NAME	
STREET ADDRESS	ONE ERIEVIEW PLAZA #1300		2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44114		2.4 CITY-ST-ZIP	
TITLE	AS	☒ DELETE	3.1 TITLE	S ☐ Change ☒ Addition
NAME	CARPENTER, WILLIAM H		3.2 NAME	CARFAGNA, PETER A. (ASST)
STREET ADDRESS	ONE ERIEVIEW PLAZA, #1300		3.3 STREET ADDRESS	ONE ERIEVIEW PLAZA #1300
CITY-ST-ZIP	CLEVELAND OH 44114		3.4 CITY-ST-ZIP	CLEVELAND OH 44114
TITLE	T	☒ DELETE	4.1 TITLE	T ☐ Change ☒ Addition
NAME	YODER, RAY A		4.2 NAME	OSBORNE, DAVID A., JR.
STREET ADDRESS	ONE ERIEVIEW PLAZA, #1300		4.3 STREET ADDRESS	ONE ERIEVIEW PLAZA #1300
CITY-ST-ZIP	CLEVELAND OH 44114		4.4 CITY-ST-ZIP	CLEVELAND OH 44114
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/17/96 (216)522-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

DAVID A. OSBORNE JR. TREASURER

CR2E034 (12/95)