

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F92000000577**

1. Corporation Name

DAVID LEADBETTER GOLF ACADEMY, INC

Principal Place of Business

9100 CHILTERN DR.
ORLANDO FL 32827
US

Mailing Address

1 MG CENTER 1360 E 9TH
SUITE 100
CLEVELAND OH 44114-782
US

2. Principal Place of Business

21

2a. Mailing Address

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Suite, Apt. #, etc.

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City & State

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Zip

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Country

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9. Name and Address of Current Registered Agent

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

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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCCORMACK, MARK H ONE ERIEVIEW PLAZA #1300 CLEVELAND OH 44114	<input type="checkbox"/> DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <i>1 MG CENTER 1360 E. 9TH ST. SUITE 100 CLEVELAND, OHIO 44114-782</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LAFAVE, ARTHUR J JR ONE ERIEVIEW PLAZA #1300 CLEVELAND OH 44114	<input type="checkbox"/> DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <i>1 MG CENTER 1360 E. 9TH ST. SUITE 100 CLEVELAND, OHIO 44114-782</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARFAGNA, PETER A. ONE ERIEVIEW PLAZA #1300 CLEVELAND OH	<input type="checkbox"/> DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <i>1 MG CENTER 1360 E. 9TH ST. SUITE 100 CLEVELAND, OHIO 44114-782</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OSBORNE, DAVID A. ONE ERIEVIEW PLAZA #1300 CLEVELAND OH	<input type="checkbox"/> DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <i>1 MG CENTER 1360 E. 9TH ST. SUITE 100 CLEVELAND, OHIO 44114-782</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

David A. Osborne, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Osborne, Jr.

Date

216-522-1000

Daytime Phone #

0583925

CR2E034 (11/98)