

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000577

1. Entity Name

DAVID LEADBETTER GOLF ACADEMY, INC

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90067 001 ***150.00

Principal Place of Business

Mailing Address

9100 CHILTERN DR. 5500 34th St West
ORLANDO FL 32827
US

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

2. Principal Place of Business

3. Mailing Address

5500 34th St West
Suite, Apt. #, etc.

1MG Center 1360 E. 9th St
Suite, Apt. #, etc.

City & State
BRADEN RD, FL

City & State
CLEVELAND, OH

Zip
34210

Zip
44114-1782

4. FEI Number
31-1363881

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MCCORMACK, MARK H
1MG CENTRAL 1360 E 9TH ST STE 100
CLEVELAND OH 44114 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ING Center 1360 E 9th St. Suite 100
CLEVELAND OH 44114-1782 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
LAFAVE, ARTHUR J JR
1MG CENTRAL 1360 E 9TH ST STE 100
CLEVELAND OH 44114 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ING Center 1360 E 9th St. Suite 100
CLEVELAND OH 44114-1782 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CARFAGNA, PETER A.
1 MG CENTER 1360 E 9TH ST STE 100
CLEVELAND OH 44114-1782 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ING Center 1360 E 9th St. Suite 100
CLEVELAND, OH 44114-1782 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
OSBORNE, DAVID A.
ONE ERIEVIEW PLAZA #1300
CLEVELAND OH ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ING Center 1360 E 9th St. Suite 100
CLEVELAND, OH 44114-1782 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. OSBORNE, JR 3/14/01 216-522-1200
TREASURER

Daytime Phone #

CR2E034 (9/99)