

2001 UNIFORM BUSINESS REPORT (UBR)

0001883

DOCUMENT # **L00000010105**

1. Entity Name
NATIONAL SPORTS PERFORMANCE INSTITUTE, L.L.C.

FILED

01 APR -9 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**105 SOUTHPARK BLVD.
ST. AUGUSTINE FL 32086**

Mailing Address
**105 SOUTHPARK BLVD.
ST. AUGUSTINE FL 32086**



2. Principal Place of Business
Same

3. Mailing Address
Same

Suite, Apt. # etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
59-3675492

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UPCHURCH BAILEY & UPCHURCH PA
780 N. PONCE DE LEON BLVD
ST AUGUSTINE FL 32084**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **President**
STREET ADDRESS **Deborah A. Jackson**
CITY-ST-ZIP **105 South Park Blvd
St. Augustine, FL 32086**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **Vice President**
STREET ADDRESS **Dale Ingram**
CITY-ST-ZIP **105 South Park Blvd.
St. Augustine, FL 32086**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SEC**
STREET ADDRESS **JOSEPH WEARS**
CITY-ST-ZIP **606 MULLIGAN WAY
ST AUGUSTINE, FL 32080**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **TREASURER**
STREET ADDRESS **LYNN O'DONNELL**
CITY-ST-ZIP **105 SOUTHPARK
St. Augustine, FL. 32086**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Deborah A. Jackson*

3-30-01 **904-824-1136**
Date Daytime Phone #

CR2E083 (11/00)