

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5/5/20

**FILED**  
**Jun 26, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90095 030 \*\*\*\*50.00

**DOCUMENT # L02000007472**

1. Entity Name  
**WEST FLORIDA BASKETBALL SCHOOL, L.L.C.**



Principal Place of Business

**3840 MAULE ROAD  
PENSACOLA FL 32503**

Mailing Address

**PO BOX 30242  
PENSACOLA FL 32503-1242**

2. Principal Place of Business

**3640 Maule Rd.**  
Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 30242**  
Suite, Apt. #, etc.

City & State  
**Pensacola, FL**

City & State  
**Pensacola FL**

Zip  
**32503**

Country  
**Escombria**

Zip  
**32503**

Country  
**Escombria**

4. FEI Number

**04-3650307**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**HOGAN, DONALD K  
3840 MAULE ROAD  
PENSACOLA FL 32503**

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

**Donald K Hogan Owner & managing member**  
Signature, typed or printed name of registered agent and fee if applicable.

**5-1-03**  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Donald K. Hogan, managing member**  
**3640 Maule Rd.**  
**Pensacola, FL 32503**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10.

ADDITIONS/CHANGES

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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: **Donald K Hogan**

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**5/1/03**  
Date

**850-474-3319**  
Daytime Phone #

CR2E083 (10/02)