

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N00000001473****1. Entity Name**  
VENICE AREA YOUTH BASKETBALL, INC.

<b>Principal Place of Business</b> 333 S TAMIMAI TRAIL STE #260  VENICE FL 34285	<b>Mailing Address</b> 333 S TAMIMAI TRAIL STE #260  VENICE FL 34285
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<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip Country	<b>3. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip Country
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<b>4. FEI Number</b> <b>65-0989802</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b>  HITT GREGORY V 333 S TAMIMAI TRAIL STE #260  VENICE FL 34285	<b>7. Name and Address of New Registered Agent</b> <table border="1"><tr><td>Name</td></tr><tr><td>Street Address (P.O. Box Number is Not Acceptable)</td></tr><tr><td>City FL Zip Code</td></tr></table>	Name	Street Address (P.O. Box Number is Not Acceptable)	City FL Zip Code
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.**

<b>SIGNATURE</b> <b>GREGORY V HITT</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<b>04/30/2001</b> <small>DATE</small>
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(NOTE: Registered Agent signature required when reinstalling)

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> D	<b>NAME</b> KING WAYNE	<input type="checkbox"/> Delete		<b>TITLE</b> D	<b>NAME</b> RAMEY TERRI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 651 S INDIAN AVE				<b>STREET ADDRESS</b> 333 S TAMIMAI TRAIL STE #260			
<b>CITY-ST-ZIP</b> ENGLEWOOD FL 34223				<b>CITY-ST-ZIP</b> VENICE FL 34285			
<b>TITLE</b> D	<b>NAME</b> ELLIS PHILLIP E	<input type="checkbox"/> Delete		<b>TITLE</b> D	<b>NAME</b> ROSS ANN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1384 ROOSEVELT DR				<b>STREET ADDRESS</b> 333 S TAMIMAI TRAIL STE #260			
<b>CITY-ST-ZIP</b> VENICE FL 34292				<b>CITY-ST-ZIP</b> VENICE FL 34285			
<b>TITLE</b> D	<b>NAME</b> STRITZ GEORGE A	<input type="checkbox"/> Delete		<b>TITLE</b> D	<b>NAME</b> JANSEN PHILLIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 141 TULANE RD				<b>STREET ADDRESS</b> 333 S TAMIMAI TRAIL STE #260			
<b>CITY-ST-ZIP</b> VENICE FL 34293				<b>CITY-ST-ZIP</b> VENICE FL 34285			
<b>TITLE</b> D	<b>NAME</b> HITT GREGORY V	<input type="checkbox"/> Delete		<b>TITLE</b> D	<b>NAME</b> JANSEN PHILLIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 2414 HERMITAGE BLVD				<b>STREET ADDRESS</b> 333 S TAMIMAI TRAIL STE #260			
<b>CITY-ST-ZIP</b> VENICE FL 34292				<b>CITY-ST-ZIP</b> VENICE FL 34285			
<b>TITLE</b> D	<b>NAME</b> HITT GREGORY V	<input type="checkbox"/> Delete		<b>TITLE</b> D	<b>NAME</b> JANSEN PHILLIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 2414 HERMITAGE BLVD				<b>STREET ADDRESS</b> 333 S TAMIMAI TRAIL STE #260			
<b>CITY-ST-ZIP</b> VENICE FL 34292				<b>CITY-ST-ZIP</b> VENICE FL 34285			
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<b>CITY-ST-ZIP</b> VENICE FL 34292				<b>CITY-ST-ZIP</b> VENICE FL 34285			

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

<b>SIGNATURE:</b> PHILLIP JANSEN	<b>D</b>	<b>04/30/2001</b>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)