

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

05-17-2001 91080 032 ****61.25

DOCUMENT # N00000003968

1. Entity Name

FASTBREAK ALTERNATIVE ATHLETIC ASSOCIATION INC.

(Handwritten initials)

Principal Place of Business

2018 DERBY GLEN DRIVE
 ORLANDO FL 32837

Mailing Address

2018 DERBY GLEN DRIVE
 ORLANDO FL 32837

2. Principal Place of Business

*2018 Derby Glen Dr
 Orlando, FL 32837*

3. Mailing Address

2018 DERBY GLEN DR



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL 32

City & State

ORLANDO, FL

4. FEI Number

59-3631060

Applied For

Not Applicable

Zip

Country

32837

Zip

Country

32837

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KING, LAWRENCE T JR
 2018 DERBY GLEN DRIVE
 ORLANDO FL 32837

7. Name and Address of New Registered Agent

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Pres/Treas Sec / P.O.</i>
STREET ADDRESS	<i>LAWRENCE T. KING JR</i>
CITY-ST-ZIP	<i>2018 DERBY GLEN DR. ORLANDO, FL 32837</i>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Director (D)</i>
STREET ADDRESS	<i>JOANNE KING</i>
CITY-ST-ZIP	<i>2018 DERBY GLEN DR ORLANDO, FL 32837</i>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Director (D)</i>
STREET ADDRESS	<i>Matt RAMKER</i>
CITY-ST-ZIP	<i>2018 DERBY GLEN DR ORLANDO, FL 32837</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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.

SIGNATURE:

LAWRENCE T. KING JR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

March 1, 2001 (407) 448 9702

CR2037 (10/00)