

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001038

1. Entity Name

MULTI-SPORT TRAINING CLUB, INC.

Principal Place of Business

Mailing Address

18055 US HWY 441
MT DORA FL 32757

18055 US HWY 441
MT DORA FL 32757

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

MARCONI, MICHAEL J
628 SHERWOOD OAKS CIRCLE
OCOE FL 34761

Name

Robert L. Porter

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

1203 Marshall Court

City

Eustis

FL

Zip Code

32726

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

Robert L. Porter PD

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

(NOTE: Registered Agent signature required when reinstating)

4/16/02

DATE

FILE NOW: FEE IS \$61.25 + \$8.75

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MARCONI, MICHAEL J
STREET ADDRESS 628 SHERWOOD OAKS CIRCLE
CITY-ST-ZIP OCOEE FL 34761 ☒ Delete

TITLE VD
NAME CLIMENHAGA, JAMES
STREET ADDRESS 1240 S VINELAND APT M-3
CITY-ST-ZIP WINTER GARDEN FL 34787 ☒ Delete

TITLE SD
NAME LAROE, KENNETH E
STREET ADDRESS 2001 ABRAMS RD
CITY-ST-ZIP EUSTIS FL 32726 ☐ Delete

TITLE T
NAME WHITE, ROBERT
STREET ADDRESS 1320 MORNINGSID DR
CITY-ST-ZIP MT DORA FL 32757 ☐ Delete

TITLE D
NAME PORTER, ROBERT L
STREET ADDRESS 1203 MARSHALL CT
CITY-ST-ZIP EUSTIS FL 32726 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE SD
NAME DAVID FREDERICK
STREET ADDRESS 800 N. CENTRAL AVE
CITY-ST-ZIP UMATILLA FL 32784 ☐ Change ☒ Addition

TITLE D
NAME MICHAEL ROGERS
STREET ADDRESS 2125 Morningside Drive
CITY-ST-ZIP Mt. Dora FL 32757 ☐ Change ☒ Addition

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

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

TITLE PRESIDENT OR PD
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

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

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:

SIG Robert L. Porter REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

352-360-3397

Date

Daytime Phone #

CR2E037 (9/01)

0066991



DO NOT WRITE IN THIS SPACE