

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 04, 2011
Secretary of State

Entity Name: UNIVERSITY OF CENTRAL FLORIDA WRESTLING, INC.

Current Principal Place of Business:

442 BONIFAY AVENUE
ORLANDO, FL 32825

New Principal Place of Business:

4000 CENTRAL FLORIDA BLVD.
BUILDING 88 ROOM 204
ORLANDO, FL 32816

Current Mailing Address:

P.O. BOX 163548
ORLANDO, FL 32816

New Mailing Address:

FEI Number: 75-3073255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ.
1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: ROUSE, JOHNNY W
Address: 442 BONIFAY AVENUE
City-St-Zip: ORLANDO, FL 32825

Title: D
Name: RIPPY, RICHARD
Address: 442 BONIFAY AVENUE
City-St-Zip: ORLANDO, FL 32825

Title: D
Name: BALMA, JASON M
Address: 217 LEXINGDALE DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: D
Name: DEAGUSTINO, STEPHEN
Address: 217 LEXINGDALE DRIVE
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JASON BALMA

D

01/04/2011

Electronic Signature of Signing Officer or Director

Date