2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000006814

1. Entity Name

ultimate volleyball club, inc.



"E

FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90833 024 ****61.25

			TO WE THE					
rincipal Plac	e of Business	Mailing Address						
		80 BONNIE LOCH CT. ORLANDO FL 32806	•	•		-		
RLANDO FL 3	2800	CHEMIDO PE 02000		4 10 m 11			II 4181 (381	
		3. Mailing Address	1.61]	0 11011 00111 10 111 0011 0011 0011 001	BHEN ISIDI NO		
		9426 Colber Suite, Apt. #, etc.	† L+.		UEOK LIEDE IE MAKINO (CLIANCEC		
Suite, Apr.	#, etc.	Suite, Apt. #, etc.		M C	HECK HERE IF MAKING	HANGES		
City & State C		City & State	·	4. FEI Number		<u> </u>	plied For	
Orla			32808	61-141			t Applicable	
Zip	Country	1 1	Country	5. Certificate of Sta		8.75 Add		
3280	F USA 6. Name and Address of Current	72f08	USA	7. Name and Addr	ess of New Registered Ag	<u>·</u>		
	6. Name and Address of Current	negistered Agent	Name					
PITTS. NE	EAL P ESQ.		Street Address	Street Address (P.O. Box Number is Not Acceptable)				
	IE LOCH CT.		Oli Cet Address	Street Address (F.O. Box Number is Not Acceptable)				
ORLANDO	O FL 32806							
			City		FL	Zip Cod	e	
T	named entity submits this statement for	er the surpose of changing its roots	torad office or regis	tered agent or both in t	. <u></u>	<u>I</u> miliar with.	and accept	1
the above the obligat	named entity submits this statement is ions of registered agent.	of the purpose of changing its regis	icica onice or regio	italed agont, or boar, in a		,	,	
IGNATURE .					DATE			
	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: Regis	stered Agent signature requ	med when remistating/				
		9. Election Campaig	ın Financino	\$5.00 May Be	Make Check	Pavable	to	
FILE NOW: FEE IS \$61.25		· -	Trust Fund Contribution.		Added to Fees Florida Department of State			
(9								
0.	OFFICERS AND D		11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIR			ત્ર
TLE	D COUNTY DICHARD E	124 8000	TITLE NAME			Change	Addition	00
ame Treet address	SCHULTZ, RICHARD E 4426 COLBERT CT.		STREET ADDRESS					7
ITY-ST-ZIP	ORLANDO FL 32808		CITY-ST-ZIP					E3
TLE	D	☐ Delete	TITLE			☐ Change	☐ Addition	CR2E037 (10/02
AME	LOCKE, KERI L		NAME					١
TREET ADDRESS	446 AURAL LANE		STREET ADDRESS					
ITY-ST-ZIP	APOPKA FL 32712		CITY-ST-ZIP		The second secon			
TLE	D	D0/010	TITLE			Change	Addition	ĺ
AME	CROSS, ELIZABETH A		NAME					
TREET ADDRESS	410 NORTH LAKEVIEW AVE.		STREET ADDRESS CITY-ST-ZIP					
ITY-ST-ZIP	WINTER GARDEN FL 34787		-	-		☐ Change	Addition	
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AME			STREET ADDRESS					١
TREET ADDRESS ITY-ST-ZIP		li li	CITY-ST-ZIP					
			TITLE	***	.,41	☐ Change	Addition	
itle Ame			NAME					
ame Treet address			STREET ADDRESS	1				
ITY-ST-ZIP			CITY-ST-ZIP					
ITLE		☐ Delete	TITLE			Change	☐ Addition	
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

COMMITTER SOUTH SEALITY SALITY

2/19/0

407-497-5542