

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000926

1. Entity Name

CENTRAL FLORIDA SPORTS ACADEMY, INC.

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90006 005 ****70.00

Principal Place of Business

1016 GAMMAGE POINT
 OVIEDO FL 32765
 US

Mailing Address

1016 GAMMAGE POINT
 OVIEDO FL 32765
 US

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

59-3223941

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MORTON, STEVE
 1016 GAMMAGE POINT
 OVIEDO FL 32765

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

After September 13, 2000 min. will be \$236.25

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 | D | <input type="checkbox"/> Delete |
| NAME | PATRICK, KENNETH L | |
| STREET ADDRESS | 881 PADDINGTON TERRACE | |
| CITY-ST-ZIP | HEATHROW FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MORTON, STEVE | |
| STREET ADDRESS | 1016 GAMMAGE POINT | |
| CITY-ST-ZIP | OVIEDO FL 32765 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | COX, ROBERT | |
| STREET ADDRESS | 6527 LAJOLLA ST. | |
| CITY-ST-ZIP | ORLANDO FL 32818 | |
| 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 type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | Calvin Woolfolk | |
| STREET ADDRESS | 6235 Chinaberry Drive | |
| CITY-ST-ZIP | Orlando, Florida 32808 | <input checked="" type="checkbox"/> Addition |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Jerry Horton | |
| STREET ADDRESS | 6131 Sparling Hills Cir | |
| CITY-ST-ZIP | Orlando, Florida 32808 | <input checked="" type="checkbox"/> Addition |
| 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:

Steve Morton
 REQUIRED

9-11-00

(407) 359-8534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)