

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000000926**

1. Entity Name

CENTRAL FLORIDA SPORTS ACADEMY, INC.**FILED****May 14, 2001 8:00 am**
Secretary of State

05-14-2001 90051 011 ****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**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** ☐ Delete
NAME **PATRICK, KENNETH L**
STREET ADDRESS **881 PADDINGTON TERRACE**
CITY-ST-ZIP **HEATHROW FL**TITLE **D** ☐ Delete
NAME **MORTON, STEVE**
STREET ADDRESS **1016 GAMMAGE POINT**
CITY-ST-ZIP **OVIEDO FL 32765**TITLE **D** ☐ Delete
NAME **COX, ROBERT**
STREET ADDRESS **6527 LAJOLLA ST.**
CITY-ST-ZIP **ORLANDO FL 32818**TITLE **D** ☐ Delete
NAME **WOOLFOLK, CALVIN**
STREET ADDRESS **6235 CHINABERRY DR**
CITY-ST-ZIP **ORLANDO FL 32808**TITLE **D** ☐ Delete
NAME **HORTON, JERRY**
STREET ADDRESS **6131 SPARLING HILLS CIR**
CITY-ST-ZIP **ORLANDO FL 32808**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **President** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE
Steve Morton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)