

**2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **N94000000926**

1. Entity Name

**CENTRAL FLORIDA SPORTS ACADEMY, INC.****FILED**  
**Sep 15, 2002 8:00 am**  
**Secretary of State**

09-15-2002 90086 035 \*\*\*\*61.25

0004054

Principal Place of Business

Mailing Address

1016 GAMMAGE POINT  
OVIEDO FL 32765  
US1016 GAMMAGE POINT  
OVIEDO FL 32765  
US

B01381b4



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**NOT APPLICABLE**

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

MORTON, STEVE  
1016 GAMMAGE POINT  
OVIEDO FL 32765

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	PATRICK, KENNETH L	881 PADDINGTON TERRACE	HEATHROW FL	<input checked="" type="checkbox"/> Delete			
PD	MORTON, STEVE	1016 GAMMAGE POINT	OVIEDO FL 32765	<input type="checkbox"/> Delete			
D	COX, ROBERT	6527 LAJOLLA ST.	ORLANDO FL 32818	<input checked="" type="checkbox"/> Delete			
D	WOOLFOLK, CALVIN	6235 CHINABERRY DR	ORLANDO FL 32808	<input type="checkbox"/> Delete			
D	HORTON, JERRY	6131 SPARLING HILLS CIR	ORLANDO FL 32808	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

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 REQUIRED

9-11-02 407-359-8534

CH2E037 (4/02)