

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005414

1. Entity Name

ORLANDO VOLLEYBALL ACADEMY, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90187 037 ****70.00

Principal Place of Business

4653 L B MCLEOD RD
STEC
ORLANDO FL 32811
US

Mailing Address

4653 L B MCLEOD RD
STE C
ORLANDO FL 32811
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

7226 W. Colonial Dr #298

Suite, Apt. #, etc.

ORLANDO FL

City & State

ORLANDO FL

Zip

32818

Country

4. FEI Number

59-3344274

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 PD
NAME DEVLIN, YVONNE
STREET ADDRESS 8107 VINELAND OAKS BLVD.
CITY-ST-ZIP ORLANDO FL 32835



TITLE SD
NAME SNOW, SINDEE
STREET ADDRESS 8107 VINELAND OAKS BLVD.
CITY-ST-ZIP ORLANDO FL 32835



TITLE SD
NAME OWEN, TERRI
STREET ADDRESS 1213 KENWORTH DRIVE
CITY-ST-ZIP APOPKA FL 32712



TITLE D
NAME BILLINGTON, DEBBIE
STREET ADDRESS 3774 SILVER ROSE CT.
CITY-ST-ZIP ORLANDO FL 32808



TITLE D
NAME DAVIDSON, PAT
STREET ADDRESS 3774 SILVER ROSE COURT
CITY-ST-ZIP ORLANDO FL



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME OWEN, TERRI
STREET ADDRESS 1270 Ashworth Dr
CITY-ST-ZIP APOPKA FL 32703



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/02

CR2E037 (9/01)

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