2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N9600002066** Apr 27, 2000 8:00 am Secretary of State LAKE CONWAY ATHLETIC ASSOCIATION, INC. 04-27-2000 90034 038 ****70.00 Principal Place of Business Mailing Address **523 WEST COLONIAL DRIVE** 523 WEST COLONIAL DRIVE ORLANDO FL 32804-6803 ORLANDO FL 32804 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4, FEI Number Applied For City & State City & State 59-3377766 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MALONE, J. MICHAEL **523 WEST COLONIAL DRIVE** ORLANDO FL 32804 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. X Change ☐ Addition COMMISSIONER X Delete TITLE TITLE NAME **BRIAN, THOMAS** NAME HURST, ANGELIA M. STREET ADDRESS 12351 KENTON COURT STREET ADDRESS 3273 LITTLE SOUND DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 <u>ORLANDO, FL 32827</u> X Addition ☐ Delete SSISTANT COMMISSIONER ☐ Change TITLE HURST, ANGELIA LUCINDA OGLESBY NAME 2036 CABO SAN LUCAS DR #202 STREET ADDRESS STREET ADDRESS 2542 LATE COURT CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32812)RLANDO<u>, FL</u> 3283<u>9</u> Delete TITLE SECRETARY *** Change ` Addition TITLE T. GIBSON, PAMELA NAME NAME MIMI JOVE STREET ADDRESS 5307 JADE_CIRCLE STREET ADDRESS 3633 E KALEY AVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32812 ORLANDO FL 32812 X Delete TITI F TREASURER ☐ Change X Addition TITLE SCHMANSKI, LAURA NAME ONYA RACKARD NAME STREET ADDRESS STREET ADDRESS 4402 SEILS WAY 007 EMERALDA RD CITY-ST-ZIP RLANDO, FL 32808 CITY-ST-7IP ORLANDO FL 32812 Addition ☐ Change AC X Delete TITLE TITLE DIRECTOR OF FOOTBALL MATHIS. MAURICE NAME NAME /ICTOR CANNON_ ... STREET ADDRESS 6101 AMBASSOR DR STREET ADDRESS 262 LIPSCOMB PLACE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32805 RLANDO, FL 32805 ☐ Change X Addition CD X Delete TITLE DIRECTOR OF FUNDRAISING TITLE JOINER, MICKIE NAME NAME JAN JONES STREET ADDRESS STREET ADDRESS P.O. BOX 550328 677 TORINO COURT CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32805 ORLANDO, FL 32835

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 received 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 attachn an address, with all other like empowered. MATUANGELIA MLHURST DCOMMISSIONER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR