

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000000482

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: SLC SPORTSPLEX, INC.

Current Principal Place of Business:

368 NE CAMELOT DR.
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

368 NE CAMELOT DR.
PORT ST. LUCIE, FL 34983

New Mailing Address:

FEI Number: 65-0814821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENNINGS, LARRY M
368 NE CAMELOT DR.
PORT ST. LUCIE, FL 34983 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: ALMADE, FRED
Address: 1237 SW ADDIE ST.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D () Delete
Name: WITH, ROBERT
Address: 1311 SE REMINTON CT.
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: DV () Delete
Name: PICCHIARINI, JOHN
Address: 701 N. INDIA RIVER DR.
City-St-Zip: FORT PIERCE, FL 34950

Title: DP () Delete
Name: JENNINGS, LARRY
Address: 368 NE CAMELOT DR.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: DS () Delete
Name: LEVESQUE, RACHEL
Address: 526 SW COLLEGE PARK BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY W JENNINGS

DP

05/01/2002

Electronic Signature of Signing Officer or Director

Date