

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90501 022 ****61.25

DOCUMENT # N98000006363

1. Entity Name

NATIONAL TRAINING CENTER SPORTS MEDICINE INSTITUTE

Principal Place of Business

731 E. HWY. 50
CLERMONT FL 34711

Mailing Address

731 E. HWY. 50
CLERMONT FL 34711

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

59-3541559

Applied For

Not Applicable

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

RAY, JAMES M M.D.
731 E. HWY. 50
CLERMONT FL 34711

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.

(NOT 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **RAY, JAMES M M.D.**
 STREET ADDRESS **731 E. HWY. 50**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **V** ☐ Delete
 NAME **LONGACRE, LESLIE**
 STREET ADDRESS **731 E. HWY. 50**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **S** ☐ Delete
 NAME **MOORE, JOHN A**
 STREET ADDRESS **731 E. HWY. 50**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☐ Delete
 NAME **DUKE, JEFF**
 STREET ADDRESS **731 E. HWY. 50**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
 NAME **BOOR, PAUL MD**
 STREET ADDRESS **731 E HIGHWAY 50**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

James M. Ray
 SIGNATURE REQUIRED

CR2E037 (10/00)

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TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LONGACRE, LESLIE 731 E. HWY. 50 CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MOORE, JOHN A 731 E. HWY. 50 CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DUKE, JEFF 731 E. HWY. 50 CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOOR, PAUL MD 731 E HIGHWAY 50 CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BOUSSEY
CLIENT COPY