

DOCUMENT # N99000003594

1. Entity Name

LEG-A-Z SPORTS ACADEMY, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90174 012 ****61.25

Principal Place of Business

Mailing Address

P O BOX 141656
GAINESVILLE FL 32614-1656

P O BOX 141656
GAINESVILLE FL 32614-1656

2. Principal Place of Business

3. Mailing Address

3702 SW 82ND ST

3702 SW 82ND ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Gainesville FL

City & State

Gainesville FL

City & State

32608

4. FEI Number

59-3589896

Applied For

Not Applicable

Zip

32608

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

FITZ-COY, NORMAN
3702 SW 82 STREET
GAINESVILLE FL 32608

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)

4/26/00

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 FITZ-COY, NORMAN
STREET ADDRESS 3702 SW 82 STREET
CITY-ST-ZIP GAINESVILLE FL 32608

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

TITLE VD ☐ Delete
NAME BENJAMIN, BASIL
STREET ADDRESS 3702 SW 82 STREET
CITY-ST-ZIP GAINESVILLE FL 32608

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

TITLE SD ☐ Delete
NAME RAINFORD, NEIL
STREET ADDRESS 3702 SW 82 STREET
CITY-ST-ZIP GAINESVILLE FL 32608

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

TITLE T ☐ Delete
NAME CHUNG, NATALIE
STREET ADDRESS P O BOX 141656 N/A
CITY-ST-ZIP GAINESVILLE FL 32614-1656

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)