

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000003594

FILED  
Apr 30, 2003  
Secretary of State

Entity Name: LEG-A-Z SPORTS ACADEMY, INC.

## Current Principal Place of Business:

3702 SW 82ND ST  
GAINESVILLE, FL 32608

## New Principal Place of Business:

7012 SW 6TH PLACE  
APT. C  
GAINESVILLE, FL 32607

## Current Mailing Address:

3702 SW 82ND ST  
GAINESVILLE, FL 32608

## New Mailing Address:

P.O. BOX 141656  
GAINESVILLE, FL 32614

FEI Number: 59-3589896

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

BENJAMIN, BASIL  
P.O. BOX 141656  
GAINESVILLE, FL 32614 US

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: BASIL BENJAMIN

04/30/2003

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FITZ-COY, NORMAN  
Address: 3702 SW 82 STREET  
City-St-Zip: GAINESVILLE, FL 32608

Title: VD ( ) Delete  
Name: BENJAMIN, BASIL  
Address: 3702 SW 82 STREET  
City-St-Zip: GAINESVILLE, FL 32608

Title: SD ( ) Delete  
Name: RAINFORD, NEIL  
Address: 3702 SW 82 STREET  
City-St-Zip: GAINESVILLE, FL 32608

Title: T ( ) Delete  
Name: CHUNG, NATALIE  
Address: P O BOX 141656 N/A  
City-St-Zip: GAINESVILLE, FL 326141656

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BENJAMIN, BASIL  
Address: P.O. BOX 141656  
City-St-Zip: GAINESVILLE, FL 32614

Title: VD (X) Change ( ) Addition  
Name: SMITH, RONALDO  
Address: 2027 NW 43 PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: SD (X) Change ( ) Addition  
Name: ROLLE, TREVOR  
Address: P.O. BOX 141656  
City-St-Zip: GAINESVILLE, FL 32614

Title: T (X) Change ( ) Addition  
Name: ROLLE, TREVOR  
Address: P O BOX 141656  
City-St-Zip: GAINESVILLE, FL 32614

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: BASIL BENJAMIN

PD

04/30/2003

Electronic Signature of Signing Officer or Director

Date