2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P02000046459 **DOCUMENT#** 1. Entity Name FLORIDA LACROSSE CAMPS, INC.



FILED

Principal Place of Business 616 DON RAVEN DRIVE 616 DON RAVEN DRIVE WINTER PARK FL 32792 WINTER PARK FL 32792									83 8 8 8 1 1 1 1 8 1 1 1 8 1 1 1 1			
	lace of Business Harriernige Place #, etc.	1681	3. Mailing Address 16815 Harrierridge Place Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State City & State Lithia				FL			4. FE	03-043443	4		olied For Applicable	
Zip 3354	Country Zip				Country			5. Certificate of Status Desired S8.75 Additional Fee Required				
	··	7. Name and Address of New Registered Agent										
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.					Street Address (P.O. Box Number is Not Acceptable)							
4TH FLOOR					10815 Harrierridge Aace							
MIAMI FL 33145					City	Lit	-ithia NFL Zig Code					
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fords framiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinagting)												
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND	DIRECTOR		11.		000		NTIONS/CHANGES TO OFFICER				
TITLE Name Street address City-St-Zip	PSD O'GRADY, THOMAS 616 DON RAVEN DRIVE WINTER PARK FL 32792		☐ Delete			PSD 0'G1 1681	ady. 15 l	,Thomas Harrierridge Pl a FL 33547-	2009 2005 2005	ange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BEATY, MARK 616 DON RAVEN DRIVE WINTER PARK FL 32792		☐ Delete			Bea	D ty	Mark Woodcrest Drive er Park FL 38	⊠ (ch	ange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete				· · · · · · · · · · · · · · · · · · ·	<u> </u>	C:	ange	Addition_	
TITLE NAME STREET ADORESS CITY-ST-ZIP		,	☐ Delete						☐ Cr	ange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete						□ Ch	ange	Addition	
TITLE NAME			☐ Delete	TITLE					☐ Ch	ange	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 truther ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an addition, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP