

PD3000056745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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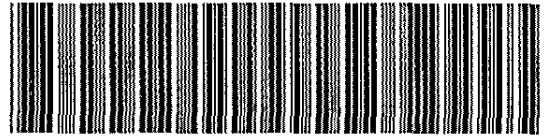
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RA/RO/change  
@ 8/18/04

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FUN-damental Basketball Camp of Florida  
(Name of corporation)

**DOCUMENT NUMBER:** PO3000056745

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stuart Maloff  
(Name of contact person)

FUN-damental Basketball Camp of Florida  
(Firm/Company)

10492 Lake Vista Cir.  
(Address)

Boca Raton, FL 33498  
(City/state and zip code)

For further information concerning this matter, please call:

Stuart Maloff at 561, 716-7605  
(Name of contact person) (Area code & daytime telephone number)  
561-218-0875

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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04 AUG 12 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 5, 2004

STUART MALOFF  
FUN-DAMENRAL BASKETBALL CAMP OF FLORIDA  
10492 LAKE VISTA CIR.  
BOCA RATONQ, FL 33498

SUBJECT: FUN-DAMENTAL BASKETBALL CAMP OF FLORIDA, INC.  
Ref. Number: P03000056745

We have received your document for FUN-DAMENTAL BASKETBALL CAMP OF FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Document Specialist

Letter Number: 404A00048853

RECEIVED  
04 AUG 12 AM 10:26  
DIVISION OF CORPORATIONS

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FUN-damental Basketball Camp of Florida, Inc.  
2. The principal office address: 10492 Lake Vista Circle  
Boca Raton, FL 33498  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 5/23/03 Document number: P03000056745  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporate Creations Network, Inc.  
~~9775 Southwest St.~~ 11380 Prosperity Farms Rd.  
~~Miami Beach, FL 33139~~  
Palm Beach Gardens, FL 33410

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Stuart Maloff  
10492 Lake Vista Circle  
(P.O. Box NOT acceptable)  
Boca Raton, FL 33498

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Stuart Maloff  
(Signature of an officer or director)

Stuart Maloff - President  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Stuart Maloff  
(Signature of Registered Agent)

7/30/04  
(Date)

If signing on behalf of an entity:

Stuart Maloff  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314