

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90156 002 ***150.00

DOCUMENT # **P9 30000 32771** ✓

1. Entity Name

Ashton Sports Center, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2525 Hickory Tree Rd.

Suite, Apt. #, etc.

3. Mailing Address

2525 Hickory Tree Rd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Cloud, FL

Zip
34772

Country
USA

City & State

St. Cloud, FL

Zip
34772

Country
USA

4. FEI Number

59-3179260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Newman, William S. III

Street Address (P.O. Box Number is Not Acceptable)

2525 Hickory Tree Rd.

City

St. Cloud

FL

Zip Code

34772

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$350.00
Amended UBR is \$61.25
Make Check Payable to: Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Newman, William S. III 2525 Hickory Tree Rd. St. Cloud, FL 34772
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Newman, W.S. Jr. 2475 Hickory Tree Rd. St. Cloud, FL 34772
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **W.S. Newman III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

407-892-2800

Daytime Phone #

CR2E034B (12/01)