

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000051456

1. Entity Name

TOP CONTENDERS GYMNASTICS ACADEMY, INC.

**FILED**  
Jul 06, 2000 8:00 am  
Secretary of State

07-06-2000 90007 002 \*\*\*150.00

Principal Place of Business

9629 AMILIA AVE.  
SUITE 1  
HUDSON FL 34687  
US

Mailing Address

9629 AMILIA AVE.  
SUITE 1  
HUDSON FL 34687-4371  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3197107**

Applied For  
Not Applicable

Zip

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

**STRAZZULLO, ELIZABETH**  
**9629 AMILIA AVE**  
**SUITE 1**  
**HUDSON FL 34687**

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)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D STRAZZULLO, ELIZABETH A**  
STREET ADDRESS **9629 AMILIA AVE., SUITE 1**  
CITY-ST-ZIP **HUDSON FL**

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

TITLE ☐ Delete  
NAME **T STRAZZULLO, CHARLES**  
STREET ADDRESS **9629 AMILIA AVE STE 1**  
CITY-ST-ZIP **HUDSON FL 34687**

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

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CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth A. Strazzullo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-597-8117

322-862-2940

6/26/2000

Attachment  
D# P93000051456  
D0062987

**ECOSYSTEM MANAGEMENT, INC.**  
**7970 CHAUCER DRIVE**  
**SPRING HILL, FL 34607**  
**TEL: 727-868-2942**  
**FAX: 727-868-0020**

June 26, 2000

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: 2000 Uniform Business Report (UBR)  
Request Removal of Additional Penalties  
Ecosystem Management, Inc. (FEI # 59-3432778)  
Top Contenders Gymnastics Academy, Inc. (FEI # 59-3197107)

To Whom It May Concern:

Per my accountants telephone conversation on 6/23/2000, we are sending a copy of the UBR Form with original signatures and a new check in the amount of \$ 150.00 for each company.

Our accountant sent these to us on April 19, 2000, and we mailed them out the next day with checks enclosed.

Michelle from your office told us to request that any penalties be waived for we had sent everything in on time.

Thank you for your time and consideration.

  
Charles G. Strazzullo