

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000031576 (9)

1. Corporation Name

GREG KITE BASKETBALL CAMP, INC.



Principal Place of Business

180 LAKE DESTINY TRAIL  
ALTAMONTE SPRINGS FL 32714

Mailing Address

180 LAKE DESTINY TRAIL  
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified

04/22/1994

3a. Date of Last Report

08/15/1995

4. FEI Number

59-3240368

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 1857 Lake Grove Lane

Suite, Apt. #, etc.

27 City & State

28 Orlando, FL

29 Zip Country

30 32806 Orange

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KITE, GREGORY F  
1857 LAKE GROVE LANE  
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME KITE, GREGORY F  
STREET ADDRESS 1857 LAKE GROVE LANE  
CITY - ST - ZIP ORLANDO FL 32806

TITLE D ☐ DELETE  
NAME KITE, JENNIFER L  
STREET ADDRESS 1857 LAKE GROVE LANE  
CITY - ST - ZIP ORLANDO FL 32806

TITLE D ☐ DELETE  
NAME CALVO, RALPH  
STREET ADDRESS 180 LAKE DESTINY TRAIL  
CITY - ST - ZIP ALTAMONTE SPRINGS FL 32714

TITLE D ☐ DELETE  
NAME COX, DENNIS M JR  
STREET ADDRESS 1615 POE AVENUE  
CITY - ST - ZIP ORLANDO FL 32806

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Gregory F. Kite

4/26/96

(407) 851-4565

Date

Daytime Phone #

CR2E034 (12/95)