

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000070723

FILED  
Apr 17, 2012  
Secretary of State

Entity Name: ORLANDO SPORTSPLEX, INC.

**Current Principal Place of Business:**

8701 MAITLAIN D SUMMIT BLVD  
ORLANDO, FL 32810 US

**New Principal Place of Business:**

**Current Mailing Address:**

8701 MAITLAND SUMMIT BLVD  
ORLANDO, FL 32810 US

**New Mailing Address:**

FEI Number: 59-3369910      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HEEKIN, JAMES F JR  
215 NORTH EOLA DRIVE  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: VANDER WEIDE, ROBERT A  
Address: 8701 MAITLAND SUMMIT BLVD  
City-St-Zip: ORLANDO, FL 32810

Title: VD  
Name: TUBERGEN, JERRY L  
Address: 126 OTTAWA NW  
City-St-Zip: GRAND RAPIDS, MI

Title: VTD  
Name: SCHIERBEEK, ROBERT  
Address: 126 OTTAWA NW  
City-St-Zip: GRAND RAPIDS, MI

Title: D  
Name: PARADIS, BRIAN  
Address: 601 EAST ROLLINS STREET  
City-St-Zip: ORLANDO, FL

Title: SD  
Name: CUMMINGS, DES D JR  
Address: 601 EAST ROLLINS ST  
City-St-Zip: ORLANDO, FL

Title: D  
Name: MORRISON, R E  
Address: 601 E ROLLINS ST  
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT A VANDERWEIDE

PD

04/17/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date