FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91442 018 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000070723

1. Entity Name
ORLANDO SPORTSPLEX, INC.

80113432

Principal Place of Business	Mailing Address
8701 MAITLAND SUMMIT BLVD ORLANDO, FL 32810 US	8701 MAITLAND SUMMIT BLVD ORLANDO, FL 32810 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3369910 — Applied For / Not Applicable

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
HEEKIN, JAMES F JR 215 NORTH EOLA DRIVE ORLANDO, FL 32801	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when changing)

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $500.00
Make Check Payable to Florida Department of State.

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VANDER WEIDE, ROBERT A	NAME	
STREET ADDRESS	8701 MAITLAND SUMMIT BLVD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32810	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TUBERGEN, JERRY L	NAME	
STREET ADDRESS	126 OTTAWA NW	STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS, MI	CITY-ST-ZIP	
TITLE	VTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BOER, WILLIAM	NAME	
STREET ADDRESS	126 OTTAWA NW	STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS, MI	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SHAW, T	NAME	
STREET ADDRESS	601 EAST ROLLINS STREET	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CUMMINGS, DES D JR	NAME	
STREET ADDRESS	601 EAST ROLLINS ST	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MORRISON, R E	NAME	
STREET ADDRESS	601 E ROLLINS ST	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32803	CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/15/03 407-916-2442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Robert VanderWeide