

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000041664**

1. Entity Name

KEN VENTURI GOLF ACADEMIES, INC.**FILED**
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90086 001 ***150.00

Principal Place of Business

3200 STATE RD 546
BOX 7010
HAINES CITY FL 33844
US

Mailing Address

3200 STATE RD 546
BOX 7010
HAINES CITY FL 33844
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3386915**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ONEIL, DANNY
3200 STATE RD 546
BOX 7010
HAINES CITY FL 33844

7. Name and Address of New Registered Agent

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)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **O'NEIL, DANNY**
STREET ADDRESS **3200 STATE RD 546 BOX 7010**
CITY-ST-ZIP **ORLANDO FL 33844**TITLE **D** ☐ Delete
NAME **O'NEIL, THOMAS M**
STREET ADDRESS **251 NORTH ILLINOIS / OFFICE PAVILLION**
CITY-ST-ZIP **INDIANAPOLIS IN 46204**TITLE **D** ☐ Delete
NAME **SCHNEIDER, PATRICK**
STREET ADDRESS **3200 STATE RD 546 BOX 7010**
CITY-ST-ZIP **HAINES CITY FL 33844**TITLE **D** ☐ Delete
NAME **SCHNEIDER, SCOTT**
STREET ADDRESS **3200 STATE RD 546 BOX 7010**
CITY-ST-ZIP **HAINES CITY FL 33844**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0531023