

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90055 041 \*\*\*150.00

**DOCUMENT # P96000041664**

1. Entity Name  
**KEN VENTURI GOLF ACADEMIES, INC.**



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**

**90006960**



2. Principal Place of Business

**5850 LAKEHURST DR  
Suite Apt. #, etc.  
150-28**

3. Mailing Address

**5850 LAKEHURST DR  
Suite Apt. #, etc.  
150-28**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**ORLANDO FL**

City & State  
**ORLANDO FL**

4. FEI Number **59-3386915**

Applied For  
Not Applicable

Zip **32819** Country **ORANGE**

Zip **32819** Country **ORANGE**

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

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

Name **SCOTT SCHNEIDER**

Street Address (P.O. Box Number is Not Acceptable)  
**5850 LAKEHURST DR**

**Suite 150-28**

City **ORLANDO** FL Zip Code **32819**

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 **Scott Schneider Scott Schneider CEO**

**1/2/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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 **D** ☒ Delete  
NAME **O'NEIL, DANNY**  
STREET ADDRESS **3200 STATE RD 546 BOX 7010**  
CITY-ST-ZIP **ORLANDO FL 33844**

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

TITLE **D** ☐ Delete  
NAME **O'NEIL, THOMAS M**  
STREET ADDRESS **251 NORTH ILLINOIS / OFFICE PAVILLION**  
CITY-ST-ZIP **INDIANAPOLIS IN 46204**

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

TITLE **D** ☐ Delete  
NAME **SCHNEIDER, PATRICK**  
STREET ADDRESS **3200 STATE RD 546 BOX 7010**  
CITY-ST-ZIP **HAINES CITY FL 33844**

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

TITLE **D** ☐ Delete  
NAME **SCHNEIDER, SCOTT**  
STREET ADDRESS **3200 STATE RD 546 BOX 7010**  
CITY-ST-ZIP **HAINES CITY FL 33844**

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

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

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:

**Scott Schneider**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/15/03**  
Date

**407351 8881**  
Daytime Phone #

CR2E034 (10/02)