

# 2000 UNIFORM BUSINESS REPORT (UBR)

1012

DOCUMENT # P96000055920

1. Entity Name  
FLORIDA LEAGUE OF MARTIAL ARTS, INC.

FILED

00 OCT 23 PM 4:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
10990 OAKDALE TERR  
SEMINOLE FL 33772

Mailing Address  
1888 77TH AVE. N  
ST. PETE FL 33702



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
1236 Cleveland ST  
Suite, Apt. #, etc.

City & State  
Clearwater, FL

4. FEI Number  
59-3409258  
APPLIED FOR  
Applied For  
Not Applicable

Zip  
33755  
Country  
USA

5. Certificate of Status Desired  
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
GABRIEL, JOHN  
19105 GULF BLVD  
INDIAN SHORES FL 33785

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) DATE

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.  
\$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>GABRIEL, JOHN<br>10990 OAKDALE TERR<br>SEMINOLE FL 33772<br><input type="checkbox"/> Delete                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>GRIFFIN, ROD L<br>1550 F3 MCMULLEN BROOK RD #187<br>CLEARWATER FL 33759<br><input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>PATTON, JAMES M<br>1671 SILVERWOOD ST<br>TARPOON SPRINGS FL 34689<br><input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>REFINER, JAMES<br>5627 62ND WAY<br>ST. PETERSBURG FL 33709<br><input checked="" type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>900003457359-3<br>-11/08/00-01062-009<br>***150.00 ***150.00                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>LS  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>TD<br>Rick DeAguija<br>1236 Cleveland ST.<br>CLEARWATER - FL 33755 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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 REQUIRED Rick DeAguija 9/25/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

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9/25/00

To Whom It May Concern:

I spoke with Leslie Smith, a representative of the Florida Department of State. He advised me to send the check for the normal fee of \$150.00 with a letter of explanation. The 2000 Uniform Business report was mailed to an incorrect address despite accurate information on our accounting. Consequently, the report was received very late. The Florida League of Martial Arts has never in its history been late to file. We hope that you will take this into consideration and apologize for any inconvenience this may have caused.

Sincerely,



Rick DeAguiar  
Treasurer FLMA