

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90074 004 \*\*\*150.00

**DOCUMENT # P96000055920**

1. Entity Name

**FLORIDA LEAGUE OF MARTIAL ARTS, INC.**

Principal Place of Business

**10990 OAKDALE TERR  
 SEMINOLE FL 33772**

Mailing Address

**1236 CLEVELAND STREET  
 CLEARWATER FL 33755**

2. Principal Place of Business

**10605 117<sup>th</sup> DR. N**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**LARGO FL**

City & State

**LARGO FL**

4. FEI Number

**59-3409058**

Applied For

Not Applicable

Zip

**33773**

Country

**Pineellas**

Zip

**33773**

Country

**Pineellas**

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 **Gabriel, John**

Street Address (P.O. Box Number is Not Acceptable)

**10605 117<sup>th</sup> Drive N.**

City **LARGO**

**FL**

Zip Code **33773**

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 \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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 **PD** ☐ Delete  
 NAME **GABRIEL, JOHN**  
 STREET ADDRESS **10990 OAKDALE TERR**  
 CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **SD** ☒ Delete  
 NAME **GRIFFIN, ROD L**  
 STREET ADDRESS **1550 F3 MCMULLEN BROOK RD #187**  
 CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE **VPD** ☒ Delete  
 NAME **MATIAS, WILFREDO**  
 STREET ADDRESS **2648 SOUTH DRIVE**  
 CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE **TD** ☒ Delete *change of Address*  
 NAME **DEAGUILA, RICK**  
 STREET ADDRESS **1236 CLEVELAND STREET**  
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☐ Addition  
 NAME **GABRIEL, John**  
 STREET ADDRESS **10523 117<sup>th</sup> Drive N.**  
 CITY-ST-ZIP **LARGO FL 33773**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **Mindy Snyder**  
 STREET ADDRESS **830 Scotland St.**  
 CITY-ST-ZIP **Dunedin, FL 34608**

TITLE **VPD** ☒ Change ☐ Addition  
 NAME **Richard Alford**  
 STREET ADDRESS **115 COMET AVE N.**  
 CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **TD** ☒ Change ☐ Addition  
 NAME **Rick DeAgUILA**  
 STREET ADDRESS **1240 A Highland Ave. S**  
 CITY-ST-ZIP **Clearwater - FL. 33756**

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

TITLE ☐ 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

**Rick DeAgUILA**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/5/02**  
 Date

**(727) 447-1079**  
 Daytime Phone #

CR2E034 (9/01)