FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700007339 (9)

STEVE RIDDER BASKETBALL CAMPS, INC.

FILED Feb 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
EMBRY-RIDOL ATHLETIC DE	e University Partment	EMBRY-RIDDLE UNIVERSITY ATHLETIC DEPARTMENT				
DAYTONA BEACH FL 32114		DAYTONA BEACH FL 32114			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
		1 - 12 12 12 12 12 12 12 12 12 12 12 12 12			01/21/1997	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For	
Suite, Apt	# etc	Suite, Apt. #, etc			59-3437423 Not Applicab	
22		27			5. Certificate of Status Desired Fee Required	
City & State	Ċ	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes 🔽 No	
	9. Name and Address of Currer	nl Registered Agent		T	10. Name and Address of New Registered Agent	
	DDER, STEVE		61	Name		
EMBRY-RIDDLE UNIVERSITY ATHLETIC DEPARTMENT			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)	
	YTONA BEACH FL 32114		63	1		
l			84	City	85 Zip Code	
				1	FL S L S L S C C	
	Signature typed or protect carry of resistant age	ratarcambin applicative (NOI ID DIRECTORS	_	jent signature rec	quired when reinslating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICE RES MIN	DELETE	13.		Change Additi	
NAME			1.2 NAME		B/D	
STREET ADDRESS				T ADDRESS	Steve Ridder	
CITY-ST-ZIP			1.4 CITY-		15 Tomoka Cove Way	
TITLE		DELLTE	21 TITLE		Ormond Beach, FL 32174 Change Addition	
NAME			2.2 NAME		S/T	
STREET ADDRESS			23 STREE	T ADDRESS	Vicky Diane Ridder	
CITY-ST-ZIP	MATERIAL MATERIAL PROGRAMMENT AND A STATE OF THE STATE OF		2 4 CITY	ST-ZIP	15 Tomoka Cove Way	
TITLE		☐ DELETE	3.1 TITLE	İ	Ormond Beach, FL 32174 Change Addition	
NAME			3.2 NAME	i		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE	<u> </u>	DELETE	3.4. CITY - 4.1 TITLE	31-CP	Change Addition	
NAME			4. 2 NAME			
STREET ADORESS				T ADDRESS		
CITY-ST-7IP			4.4 CITY -	- 1		
TITLE		DELFTE	5.1 TITLE		Change Additi	
NAME			5.2 NAME	1		
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY - ST - ZIP	<u> </u>		5.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Additi	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY - ST - ZIP			6.4 CITY-	ST-ZIP		

a necess serily that the information supplies with this little information in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this annual report or suppliemental annual 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 12 or Block 13 if changed, or on an attachment within address.