

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700009239

1. Corporation Name

HOOP MOUNTAIN OF FLORIDA, INC.

FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90052 010 ***150.00



	•							
Principal Place of Business Mailing Address					((2 () 2 () 3 () 3 () 3 () 4	Bill dalls 20112 10112 1	11000 11110 1011 1001	
2448 TURNBERRY DRIVE POST OFFICE BOX 621608								
OVIEDO FL 32765 OVIEDO FL 32762					DO NOT WRITE IN THIS SPACE			
						IN THIS SPACE		
					 Date Incorporated or Qualifed 01/29/1997 			
2. Principal Pl	ace of Business	2a. Mailing Address			4, FEI Number		Applied For	
21 26					59-3424140		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				······································	5. Certificate of Status Desired	¥	5 Additional	
27							e Required	
City & State City & State					6. Election Campaign Financing		00 May Be	
23 28					Trust Fund Contribution Added to Fees			
Zip			Country		8. This corporation owes the current year Integrable Personal Property Tax			
24	25	29 30	.0		Personal Property Tax			
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Reg	istered Agent		
I ADE	N PAND		"	Name		_		
LADEN, RAND 2448 TURNBERRY DR			82	2 Street Address (P.O. Box Number is Not Acceptable)				
OVEIDO FL 32765			100					
OVE:	DO 1 L 32765		83]	
			84	City		FL 85	Zip Code	
					and a sharp the statement for the num	· · · ·	a ite registered	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Such change was auth	onzed by	the comorati	poration submits this statement for the pur on's board of directors. I hereby accept the	ne appointment a	is registered	
ì -		,						
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: Re	gistered Age	ıt signature require		DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Char	nge	
NAME	Laden, rand n		1.2 NAME				}	
STREET ADDRESS	2448 TURNBERRY DRIVE		1.3 STREE	T ADDRESS	,			
CITY-ST-ZIP	OVIEDO FL 32765		1.4 CITY-S	T-ZIP				
TITLE	VSTD	☐ DELETE	2.1 TITLE	ļ		Chai	inge	
NAME	Laden, Susan_d		2.2 NAME	-				
STREET ADDRESS	2448 TURNBERRY DRIVE		2.3 STREE	TADDRESS				
CITY-ST-ZIP	OVIEDO FL 32765		2.4 CITY-S	ST-ZIP				
TITLE		□ DELETE	3.1 TITLE	Ì		Chai	inge Addition	
NAME			3.2 NAME		•			
STREET ADDRESS		,	3.3 STREE	TADORESS			{	
CITY-ST-ZIP	·		3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Cha	ange Addition	
NAME .			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS			. (
CITY-ST-ZIP	_		4.4 CITY-S	T- ZIP	·			
TITLE		☐ DELETE	5.1 TITLE			☐ Cha	ange	
NAME			5.2 NAME				}	
STREET ADDRESS			5.3 STREE	TADDRESS			}	
CITY-ST-ZIP	A CONTRACT		5.4 CITY-S	T-ZIP				
TITLE *\	2,584,500,00	C DELETE	6.1 TITLE			☐ Cha	ange Addition	
NAME 4	18 G		6.2 NAME	-			. }	
STREET ADDRESS			6.3 STREE	T ADDRESS	•			
CITY ST 7IP			6.4 CITY- S	T-ZIP				

14. 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 annual report or supplemental 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 reserver 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 of the adjustment with an address, with all other like empowered.

SIGNATURE: