

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000048815

Entity Name

AMERICAN MARTIAL ARTS ACADEMY, INC.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90050 038 \*\*\*150.00

Principal Place of Business

Mailing Address

221 SE 110th ST.  
BELLEVIEW, FL 3442010657 SE 125th ST.  
BELLEVIEW, FL 34420**80084472**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LINDA DUNHAM  
12907 SE 30TH CT.  
BELLEVIEW, FL 34420

Name

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

City

**FL**

Zip Code

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

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, 2000 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICE ADDRESS  
ST - ZIPP  
KEITH, KARL A.  
10657 SE 125TH ST.  
BELLEVIEW, FL 34420☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ Change ☐ AdditionOFFICE ADDRESS  
Y - ST - ZIPV  
HARMON, ERIC  
14370 SE 34TH CT.  
SUMMERFIELD, FL 34491☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ Change ☐ AdditionOFFICE ADDRESS  
Y - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ Change ☐ AdditionOFFICE ADDRESS  
Y - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ Change ☐ AdditionOFFICE ADDRESS  
Y - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ Change ☐ AdditionOFFICE ADDRESS  
Y - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KARL A. KEITH

5-1-00

352-307-3552

CR2E034 (9/99)