

**2000 UNIFORM BUSINESS REPORT (UBR)**

8

**DOCUMENT # P99000052243**

1. Entity Name

**JAMES BLANKENSHIP SOCCER CAMPS, INC.**



**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

08-10-2000 90010 046 \*1,033.20  
 09-18-2000 90006 031 \*\*\*150.00

Principal Place of Business 5021 S W 77TH STREET MIAMI FL 33143	Mailing Address 5021 S W 77TH STREET MIAMI FL 33143
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 1225 Placetas Ave.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Coral Gables, FL	4. FEI Number 105-0923367	Applied For Not Applicable
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Zip 33146	Country US	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BLANKENSHIP, JAMES M**  
 5021 S W 77TH STREET  
 MIAMI FL 33143

7. Name and Address of New Registered Agent

Name: **James Blankenship**  
 Street Address (P.O. Box Number is Not Acceptable): **1225 Placetas Ave.**  
 (Coral Gables)  
 City: **Coral Gables** FL Zip Code: **33146**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLANKENSHIP, JAMES M</b> <b>5021 S W 77TH STREET</b> <b>MIAMI FL 33143</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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** Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CFR2E034 (5/00)

attachment  
199 00052843

Attachment  
011-199 00052843  
[REDACTED]  
130107070

Florida Department of State/Division of Corporations  
P.O.Box 1500  
Tallahassee, Fl 32302-1500

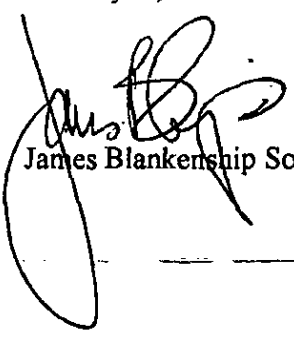
Dear Florida Department of State/Division of Corporations,

This is a letter to inform you of a permanent change of address. Our new mailing address is 1225 Placetas Ave. Coral Gables, Fl 33146. This change became permanent in November of 1999.

We would also like to state that we have not received a first notice regarding the 2000 Uniform Business Report. In speaking with our accountant Bob McLure, he informed us that yearly fees are one hundred fifty dollars. In our defense we would like to pay that amount rather than the second notice fee, because again we never received the first.

I am enclosing the entire booklet to show the forwarding label, perhaps the first notice was not forwarded to our new address.

Thank you,



James Blankenship Soccer Camps, Inc.

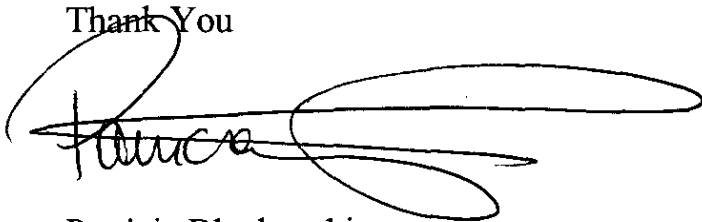
Attachment  
Pg# 00052243  
8010 7070

#199006052243  
80107070

Dear Florida Department of State/Division of Corporations;

Please be advised that our previous correspondence included the wrong check. Your check was sent to another creditor and vice-versa. A new check is enclosed along with the corrections to the business report. We apologize for any inconvenience.

Thank You

A handwritten signature in black ink, appearing to read "Patricia", with a large, sweeping flourish extending to the right.

Patricia Blankenship  
James Blankenship Soccer Camps Incorporated