

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **991000098576**

1. Entity Name **Sciout's Black Belt Academy, Inc.**

FILED

01 MAR -5 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
**2461 SW 27th Ave  
Ocala, FL 34474  
US**

Mailing Address  
**2461 SW 27th Ave  
Ocala, FL 34474  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

DO NOT WRITE IN THIS SPACE

Zip Country

Zip Country

4. FEI Number  
**59-3607730**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**Swanson, Virginia L  
2522 SW 27th Ave.  
Ocala, FL 34474**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 **John Sciouti, Pres.** **When Registered Agent 2/15/01**  
(NOTE: Registered Agent signature required when reinstating)

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, 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

## 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Sciouti, Joan 9091 SW 9th Terrace Ocala, FL 34476</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	<b>900003828539--2 -03/09/01--01086--022 ****150.00 ****150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>900003828539--2 -03/09/01--01086--023 ****150.00 ****150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **John Sciouti, Pres.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)



# Behan Swanson Willis

Accounting & Tax Services, Inc.

2522 S.W. 27th Avenue  
Ocala, Florida 34474  
Phone (352) 854-2455  
FAX (352) 854-1146

MARY D. BEHAN  
VIVIEN L. SWANSON  
DAVID L. WILLIS

November 30, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

~~Re: Scionti's Black-Belt Academy, Inc.~~

~~EIN: 59-3607730~~

~~Doc. no. 99000098576~~

Gentlemen:

We are writing you concerning our client Scionti's Black-Belt Academy, Inc. regarding their Corporate Status. Recently it has come to both their and our attention that they were deemed Inactive.

Unfortunately, the Registered Agent, Christopher K. Clarke who has been ill for some time now did not provide the client with any forms that were received from the State. Our client was not aware of the Annual Fee nor were they notified of any problem. We can only assume that all notices were sent to the Registered Agent and not forwarded to the business.

We therefore, after calling the State are enclosing their check no. 3530 dated Nov. 29th in the amount of \$300. in payment of the fee. We are also seeking abatement of any additional charges due to the above circumstances. In addition we would like to request the necessary forms to change the Registered Agent be sent to Scionti's Black Belt Academy, Inc., 2461 SW 27th Ave., Ocala, FL 34474.

Thank you for your cooperation in this matter.

Very truly yours,

Elizabeth Zygarlowski  
Accounting Manager