

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000070723

Entity Name: ORLANDO SPORTSPLEX, INC.

Current Principal Place of Business:

8701 MAITLAIND SUMMIT BLVD
ORLANDO, FL 32810

Current Mailing Address:

8701 MAITLAND SUMMIT BLVD
ORLANDO, FL 32810 US

FEI Number: 59-3369910

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HEEKIN, JAMES FJR
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 US

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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PRESIDENT
Name DEVOS, DANIEL G
Address 126 OTTAWA NW
City-State-Zip: GRAND RAPIDS MI 49503

Title TREASURER
Name SCHIERBEEK, ROBERT
Address 126 OTTAWA NW
City-State-Zip: GRAND RAPIDS MI 49503

Title ASST. SECRETARY
Name LAMBERT, JEFFREY K
Address 126 OTTAWA NW
City-State-Zip: GRAND RAPIDS MI 49503

Title DIRECTOR
Name DROPPERS, KARL
Address 4085 BURTON STREET SE
City-State-Zip: GRAND RAPIDS MI 49503

Title DIRECTOR
Name THOMPSON, MIKE
Address 601 EAST ROLLINGS STREET
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name EDRIS, TRISH
Address 601 EAST ROLLINS STREET
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name SCHOCH, PETER
Address 601 EAST ROLLINS STREET
City-State-Zip: ORLANDO FL 32803

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT H SCHIERBEEK

AUTHORIZED AGENT

03/19/2020

Electronic Signature of Signing Officer/Director Detail

Date