2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State
02-08-2000 90140 041 ***150.00

DOCUMENT # F52617

1. Entity Name

BASKETBALL WORLD, INC.

Principal Place of Business	Mailing Address
955 RUSSELL AVE SUFFIELD CT 06078 US	955 RUSSELL AVE SUFFIELD CT 06078-1030 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 56-1373708 ☐ Applied For ☐ Not Applic.

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

6. Name and Address of Current Registered Agent

ALDRICH, WES
3101 NW 54TH AVE
GAINESVILLE FL 32606-1754

7. Name and Address of New Registered Agent

Name ALDRICH, WES

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

356 SE 57th ST

City KEYSTONE HTS **FL** Zip Code 32656-

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (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 Added to Fee

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WISSEL, HAROLD R 955 RUSSELL BLVD SUFFIELD CT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WISSEL, HAROLD R 955 RUSSELL AVE SUFFIELD, CT 06078	☑ Change ☐ Vice president
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WISSEL, GERTRUDE J 955 RUSSELL AVE SUFFIELD CT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WISSEL, PAUL R. 955 RUSSELL AVE SUFFIELD, CT 06078	☐ Change ☑ president
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐

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 changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE: SIGNATURE REQUIRED 1-30-2000 6681654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #