

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90280 028 \*\*\*\*61.25

**DOCUMENT # F95000001717**



1. Entity Name  
**SPORTING GOODS MANUFACTURERS ASSOCIATION, INCORPORATED**

Principal Place of Business  
**200 CASTLEWOOD DR.  
NORTH PALM BEACH FL 33408-5696**

Mailing Address  
**200 CASTLEWOOD DR.  
NORTH PALM BEACH FL 33408-5696**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-0753520**

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

**ARMSTRONG, ROBERT  
200 CASTLEWOOD DR.  
NORTH PALM BEACH FL 33408-5696**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>P RIDDLE, JOHN 200 CASTLEWOOD DR. NORTH PALM BEACH FL 33408</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>ST ROGGE, TOM CRAMER PRODUCTS 153 W WARREN GARDNER KS 66030</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>C KAZMAIER, RICHARD 676 ELM STREET CONCORD MA 01742</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Delete	<b>VC HOFF, JIM 16275 LAQUA CANYON IRVINE CA 92618</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Tim Joyce, VC 5055 N. Greely Ave Portland, OR 97217-3524</b>
<input type="checkbox"/> Delete	<b>D HEALD, JESS WORTH INC 2100 N JACKSON ST TULLAHOMA TN 37388</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D FURNISS, STEVE 15391 SPRINGDALE AVENUE HUNTINGTON BEACH CA 92649</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

CR2E037 (10/02)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **2/13/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR