

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90129 042 ****61.25

841977



DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000001307

1. Entity Name
THE FLORIDA SPORTS FOUNDATION FOR CHILDREN, INC.

| | |
|---|--|
| Principal Place of Business 117 WADING BIRD CIRCLE SUITE 101 NAPLES FL 34110 | Mailing Address 16 MORNINGSID AVE NATICK MA 01760-5408 US |
|---|--|

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

| | | |
|---|---|--|
| 4. FEI Number 65-0529165 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |

6. Name and Address of Current Registered Agent
HART, REGINALD S
117 WADING BIRD CIRCLE
UNIT 101
NAPLES FL 34110

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|---|--|
| FILE NOW: SEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|--|---|-------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HART, REGINALD S 117 WADING BIRD CIRCLE, #101 NAPLES FL 34410 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHRYVER, PAUL 1546 13TH AVE NORTH NAPLES FL 34102 | <input checked="" type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT WALTHER, RONALD 3777 TAMiami TRAIL NORTH, SUITE 200 NAPLES FL 33940 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCAHON, JAMES 285 LAGOON ST. NAPLES FL 34108 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MINVILLE, JOSEPH 134 FRAMINGHAM RD SOUTHBORO MA 01772 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|---------------------------------|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |

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: REGINALD S HART **RETIRED** 4/24/2000 (508)651-3999
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)