

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90097 045 \*\*\*\*61.25

**DOCUMENT # P24146**

1. Entity Name

**COALITION OF AMERICANS TO PROTECT SPORTS "CAPS" INCORPORATED**

Principal Place of Business

Mailing Address

200 CASTLEWOOD DRIVE  
 NORTH PALM BEACH FL 33408

200 CASTLEWOOD DRIVE  
 NORTH PALM BEACH FL 33408

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

**65-0043645**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

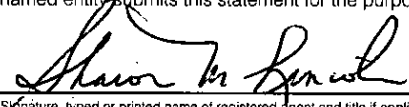
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINCOLN, SHARON M.  
 200 CASTLEWOOD DRIVE  
 NORTH PALM BEACH FL 33408

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  **SHARON M. LINCOLN, EXECUTIVE DIRECTOR**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CHRISTMAN, ED</b>
STREET ADDRESS	<b>2801 RED DOG DRIVE</b>
CITY-ST-ZIP	<b>KNOXVILLE TN 37901</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DAVIS, PHILLIP M. ESQ</b>
STREET ADDRESS	<b>50 STANIFORD ST., 9TH FLOOR</b>
CITY-ST-ZIP	<b>BOSTON MA</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GRANGER, MARK ESQ.</b>
STREET ADDRESS	<b>250 SUMMER ST.</b>
CITY-ST-ZIP	<b>BOSTON MA</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>WEALAND, TOM</b>
STREET ADDRESS	<b>153 W. WARREN</b>
CITY-ST-ZIP	<b>GARDNER KS</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FAGAN, JOHN</b>
STREET ADDRESS	<b>350 NORTH LAKE BLVD., SUITE 15</b>
CITY-ST-ZIP	<b>TAHOE CITY CA 95730-7199</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>NALLEY, CARLIN</b>
STREET ADDRESS	<b>631 KOHLEY RD.</b>
CITY-ST-ZIP	<b>LISLE IL</b>

TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RIDDLE, JOHN D</b>
STREET ADDRESS	<b>200 CASTLEWOOD DRIVE</b>
CITY-ST-ZIP	<b>NORTH PALM BEACH, FL 33408</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NIMMONS, KEN</b>
STREET ADDRESS	<b>610 SOUTH INDUSTRIAL</b>
CITY-ST-ZIP	<b>LITCHFIELD IL 62056</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02

CR2E037 (9/01)