

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State


01-29-2000 90024 029 ***158.75

DOCUMENT # P98000025542
 1. Entity Name
PARADISE SPORTS PROPERTIES, INC.

Principal Place of Business POST OFFICE BOX 888 CRYSTAL BEACH FL 34681	Mailing Address POST OFFICE BOX 888 CRYSTAL BEACH FL 34681-0888
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE



4. FEI Number **59-3502266** Applied For Not Applied For

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

6. Name and Address of Current Registered Agent

**BARANOWSKI, JEROME
 1718 SANCTUARY PL
 BOX 888
 CRYSTAL BEACH FL 34681**

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 _____

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 Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Additor	TITLE		
NAME	BARANOWSKI, JEROME		NAME		
STREET ADDRESS	POST OFFICE BOX 888		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL BEACH FL 34681		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Additor	TITLE		
NAME	BARANOWSKI, JULIA		NAME		
STREET ADDRESS	POST OFFICE BOX 888		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL BEACH FL 34681		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Additor	TITLE		
NAME	BARANOWSKI, BRADLEY		NAME		
STREET ADDRESS	POST OFFICE BOX 888		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL BEACH FL 34681		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Additor	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Additor	TITLE		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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

SIGNATURE:  **1/27/00 727-638-7793**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #