

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L20437**

1. Entity Name

BLACKMAN SPORTS, INC.**FILED**
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90139 007 ***150.00

Principal Place of Business

**6004 COURTSIDE DR WEST
BRADENTON FL 34210**

Mailing Address

**6004 COURTSIDE DR WEST
BRADENTON FL 34210-4017****CU038044**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0162825**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****BLACKMAN, COURTNEY
6004 COURTSIDE DR WEST
BRADENTON FL 34210****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

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

(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**

TITLE	P	<input type="checkbox"/> Delete
NAME	BLACKMAN, COURTNEY	
STREET ADDRESS	6004 COURTSIDE DR WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BALCKMAN, GLORIA	
STREET ADDRESS	6004 COURTSIDE DR WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BLACKMAN, MARTIN	
STREET ADDRESS	6004 COURTSIDE DR WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *GLORIA BLACKMAN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-07-00
SECRETARY/TREASURER
941.783.9543