

2000 UNIFORM BUSINESS REPORT (UBR)

4/14/13

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

04-13-2000 90003 012 ****61.25

DOCUMENT # N99000002010

1. Entity Name

SPORTS CAMP, INC.

Principal Place of Business

2111 SEVILLA WAY
 NAPLES FL 34109

Mailing Address

2111 SEVILLA WAY
 NAPLES FL 34109-7114

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

050918561

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GARNER, JOHN A
 801 LAUREL OAK DR
 SUITE 701
 NAPLES FL 34108

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

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Connie Kommer 2111 Sevilla way Naples, FL 34109 ☐ Delete ☒ Pres. (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lane Beatty 2122 Sevilla way Naples, FL 34109 ☐ Delete ☒ Vice Pres. (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Glenn Kommer 2111 Sevilla way Naples, FL 34109 ☐ Change ☒ Addition (T)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pam Beatty 2122 Sevilla way Naples, FL 34109 ☐ Change ☒ Addition (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Glenn Kommer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-5-00

Daytime Phone #

455-3005