2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OF P

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

DOCUMENT # 384155 May 08, 2000 8:00 am Secretary of State 1. Entity Name SPORT CITY, INC. 05-08-2000 90175 024 ***150.00 Principal Place of Business Mailing Address 4121 SOUTH PINE AVENUE 4121 SOUTH PINE AVENUE OCALA FL 34480-7113 OCALA FL 34480-4199 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-1355075 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAY, WILLIAM B. JR. Street Address (P.O. Box Number is Not Acceptable) 2752 SE 31ST ST OCALA FL 34471 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 Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITI F TITLE ALSTON, MARGARET NAME NAME **2407 NE 4TH AVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA FL 34479 CITY-ST-ZIE Change ☐ Addition THILE □ Delete TITLE RAY JR, WILLIAM B NAME NAME 2752 SE 31ST ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE BIG MOUNTAIN, MARY A NAME NAME 1933 SW 9TH RD STREET ADDRESS STREET ADDRESS OCALA FL 34474 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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: 3.1