

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91165 006 ***550.00

DOCUMENT # 3841551. Entity Name
SPORT CITY, INC.Principal Place of Business
**4121 SOUTH PINE AVENUE
OCALA FL 34480-4199**Mailing Address
**4121 SOUTH PINE AVENUE
OCALA FL 34480-4199**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1355075Applied For
Not Applicable

Zip

Country

Zip

Country

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

**RAY, WILLIAM B. JR.
2752 SE 31ST ST
OCALA FL 34471**New address:
**1301 SW 43rd Place
Ocala, FL 34474**

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	ALSTON, MARGARET	2407 NE 4TH AVE OCALA FL 34479	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	DP	RAY JR, WILLIAM B	2752 SE 31ST ST OCALA FL	<input type="checkbox"/>		DP	Ray Jr, William B	1301 SW 43rd Place Ocala, FL 34474	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	DV	BIG MOUNTAIN, MARY.A	1933 SW 9TH RD OCALA FL 34474	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/02

352-732-0123

Date

Daytime Phone #

CR2E034 (9/01)