

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90011 022 ***550.00

DOCUMENT # 597446

1. Entity Name
LHP SPORTS, INC.

(Handwritten initials)

Principal Place of Business
1821 N.E. 25 STREET
LIGHTHOUSE POINT FL 33064

Mailing Address
1821 N.E. 25 STREET
LIGHTHOUSE POINT FL 33064



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1870616**

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMO CORPORATE SERVICES, INC.
100 NORTHEAST THIRD AVENUE
SUITE 1100
FT. LAUDERDALE FL 33301

ENTERED JUL 17 2001

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
STD
NAME
YOUNG, BRUCE P
STREET ADDRESS
1821 N.W. 25TH STREET
CITY-ST-ZIP
LIGHTHOUSE PT FL 33064

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
D
NAME
MCKAY, WILLIAM R
STREET ADDRESS
1821 N.E. 25 STREET
CITY-ST-ZIP
LIGHTHOUSE POINT FL 33064

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
D
NAME
KLEINHENZ, DOMINIC J
STREET ADDRESS
1821 N.E. 25 STREET
CITY-ST-ZIP
LIGHTHOUSE POINT FL 33064

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
PD
NAME
GOBERVILLE, THOMAS
STREET ADDRESS
1821 N.E. 25 STREET
CITY-ST-ZIP
LIGHTHOUSE POINT FL 33064

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

(Handwritten signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Handwritten date)
Date

Date

Daytime Phone #

CR2E034 (5/01)

0029388 AV