

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90066 023 \*\*\*\*61.25

**DOCUMENT # 737329**

1. Entity Name

**SPORT BOOSTERS, INC.**

Principal Place of Business

Mailing Address

POST OFFICE BOX 14344  
 BRADENTON FL 34280

POST OFFICE BOX 14344  
 BRADENTON FL 34280-4344

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1849813**

Applied For

Not Applied

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**ANDREWS, FRED  
 6301 GULF DR.  
 HOLMES BEACH FL 34217**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete

NAME **P**  
 ANDREWS, FRED  
 STREET ADDRESS **6301 GULF DR.**  
 CITY-ST-ZIP **HOLMES BEACH FL 34217**

TITLE ☒ Delete

NAME **VP**  
 CHILDS, HARRY  
 STREET ADDRESS **8615 BAYSHORE RD., #9**  
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE ☐ Delete

NAME **S**  
 HUBBARD, FRAN  
 STREET ADDRESS **1212 56TH STREET WEST**  
 CITY-ST-ZIP **BRADENTON FL 34205**

TITLE ☐ Delete

NAME **T**  
 MCDONOUGH, ELISE  
 STREET ADDRESS **5813 11TH AVE. W.**  
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE ☐ Delete

NAME **D**  
 BAUMANN, MARTY  
 STREET ADDRESS **6807 7TH AVE. W.**  
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE ☐ Delete

NAME **D**  
 MCKIE, DON  
 STREET ADDRESS **10125 MANATEE AVE. W.**  
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE ☐ Change ☐

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒

NAME **VP**  
 HENRY PERRY  
 STREET ADDRESS **5030 14th ST W**  
 CITY-ST-ZIP **LOT J-41  
 BRADENTON, FL 34207**

TITLE ☐ Change ☐

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 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:

*Elaine M. P. [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-7-2000**

Date

**941-794-9015**

Daytime Phone #