

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 832579**

1. Entity Name

OSHMANN SPORTING GOODS CO., FLORIDA

Principal Place of Business

Mailing Address

**2302 MAXWELL LANE
HOUSTON TX 77023****2302 MAXWELL LANE
HOUSTON TX 77023-4820**

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 **74-1774197**Applied For
Not Applicable5. 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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
S	DENNIS, RICHARD G.	2302 MAXWELL LANE	HOUSTON TX	<input type="checkbox"/>
D	OSHMANN, MARILYN	2302 MAXWELL LANE	HOUSTON TX	<input type="checkbox"/>
D	ARONOWITZ, MARVIN	2302 MAXWELL LANE	HOUSTON TX	<input type="checkbox"/>
CEO	LUBETKIN, ALVIN	2302 MAXWELL LANE	HOUSTON TX	<input type="checkbox"/>
P	LUBETKIN, ALVIN	2302 MAXWELL LANE	HOUSTON TX	<input type="checkbox"/>
VCAO	BOERNER, A LYNN	2302 MAXWELL LANE	HOUSTON TX	<input checked="" type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
SVP-CFO	STEVE A. MARTIN	2302 MAXWELL LANE	HOUSTON TX	<input type="checkbox"/>	<input checked="" 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:

STEVE A. MARTIN SVP-CFO

1-27-00

713-928-3171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90161 005 ***150.00

711646

DO NOT WRITE IN THIS SPACE