## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # F63358** Mar 31, 2000 8:00 am 1. Entity Name **Secretary of State** BEVERLY SPORTS, INC. 03-31-2000 90038 042 \*\*\*150.00 Principal Place of Business Mailing Address 2151 N PONCE DE LEON BLVD 5195 ST AMBROSE RD ST. AUGUSTINE FL 32084 ELKTON FL 32033 LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2147013 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEVERLY, MARY LOU Street Address (P.O. Box Number is Not Acceptable) 5195 ST AMBROSE RD ELKTON FL 32033 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE NAME BEVERLY, MARY LOU NAME STREET ADDRESS STREET ADDRESS 5195 ST AMBROSE RD CITY-ST-ZIP CITY-ST-7IP ELKTON FL 32033 TITLE Change ☐ Addition TITLE ☐ Delete NAME **BEVERLY (MARY LOU)** NAME STREET ADDRESS STREET ADDRESS 2151 PONCE DE LEON BLVD CITY-ST-ZIP CITY-ST-ZIP ELKTON FL 32033 ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TIT! F ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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