

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001717

1. Entity Name

SPORTING GOODS MANUFACTURERS ASSOCIATION, INCORP

Principal Place of Business

200 CASTLEWOOD DR.  
NORTH PALM BEACH FL 33408-5696

Mailing Address

200 CASTLEWOOD DR.  
NORTH PALM BEACH FL 33408-5696

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ARMSTRONG, ROBERT  
200 CASTLEWOOD DR.  
NORTH PALM BEACH FL 33408-5696

7. Name and Address of New Registered Agent

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	RIDDLE, JOHN	
STREET ADDRESS	200 CASTLEWOOD DR.	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ROGGE, TOM	
STREET ADDRESS	CRAMER PRODUCTS 153 W WARREN	
CITY-ST-ZIP	GARDNER KS 66030	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	HEGE, GREG	
STREET ADDRESS	2500 S. 25TH AVE.	
CITY-ST-ZIP	BROADVIEW IL	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	KELLY, DOUG	
STREET ADDRESS	FRUIT OF THE LOOM 15 HUDSON PK DR	
CITY-ST-ZIP	HUDSON NH 03051	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEALD, JESS	
STREET ADDRESS	WORTH INC 2100 N JACKSON ST	
CITY-ST-ZIP	TULLAHOMA TN 37388	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NIMMONS, JULIE	
STREET ADDRESS	1200 E. UNION AVENUE	
CITY-ST-ZIP	LITCHFIELD IL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD Kazmaier	
STREET ADDRESS	676 Elm St.	
CITY-ST-ZIP	CONCORD, MA 01742	
TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peter Haines	
STREET ADDRESS	25 Wood Duck Court	
CITY-ST-ZIP	East Greenwich, RI 02818	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Furniss	
STREET ADDRESS	15391 Springdale Ave.	
CITY-ST-ZIP	Huntington Beach, CA 92649	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 22, 2001 8:00 am  
Secretary of State

01-22-2001 90134 028 \*\*\*\*61.25

A0000016



DO NOT WRITE IN THIS SPACE

4. FEI Number 36-0753520

Applied For  
Not Applicable

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

CR2E037 (10/00)