2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 23, 2000 08:00 AM
Secretary of State

DOCUMENT # **F99000003903**

1. Entity Name
CANOESPORT, INC.

Principal Place of Business		Mailing Address	
1715 HODGES BLVD., APT. 604		1715 HODGES BLVD., APT. 604	
JACKSONVILLE	FL	JACKSONVILLE	FL
32224		32224	

2. Principal Place of Business		3. Mailing Address	
287 CALYPSO COURT		287 CALYPSO COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: PONTE VEDRA	FL	City & State: PONTE VEDRA	FL
Zip: 32082	Country: SJ	Zip: 32082	Country: SJ

DO NOT WRITE IN THIS SPACE

4. FEI Number **91-1979936** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL
33324 US

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 ______________________ **08/23/2000**
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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CP	☐ Delete	TITLE	CP	☒ Change ☐ Addition
NAME	GRIER ROBERT A		NAME	GRIER ROBERT A	
STREET ADDRESS	1715 HODGES BLVD., APT. 604		STREET ADDRESS	287 CALYPSO COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32224		CITY-ST-ZIP	PONTE VEDRA FL 32082	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Robert A. Grier CP 08/23/2000