

2002 UNIFORM BUSINESS REPORT (UBR)

011811 AT

DOCUMENT # **G67620**

1. Entity Name
SOUTHERN BASKETBALL PRODUCTS, INC.

FILED

02 OCT 11 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**37306 SUNRISE TERR
RR2 BOX 975
UMATILLA FL 32784**

Mailing Address
**37306 SUNRISE TERR
RR2 BOX 975
UMATILLA FL 32784**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2407746**

Applied For
Not Applicable

Zip Country Zip Country

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

**OKERLIN, JOHN
#7 SUNRISE TERR.
UMATILLA FL 32784**

Name **ROBERT L HARTMAN**
Street Address (P.O. Box Number is Not Acceptable)
**HARTMAN, HARTMAN & O'BRIEN, P.A.
537 N UMATILLA BLVD**
City **UMATILLA FL 32784**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PD** ☐ Delete
NAME **OKERLIN, JOHN, II**
STREET ADDRESS **37306 SUNRISE TERR**
CITY-ST-ZIP **UMATILLA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **800008487158--3**
CITY-ST-ZIP **-10/21/02--01093--001**
*****750.00 ***750.00** ☐ Change ☐ Addition

TITLE **VD** ☐ Delete
NAME **OKERLIN, CAROLE M**
STREET ADDRESS **37306 SUNRISE TERR**
CITY-ST-ZIP **UMATILLA FL 32784**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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 another like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-02 352-589-1100
Date Daytime Phone #

CR2E034 (4/02)