

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J94188

i. Entity Name

SPORT-STYLE ASSOCIATES, INC.

FILED

Feb 28, 2000 8:00 am  
Secretary of State

02-28-2000 90064 004 \*\*\*150.00

Principal Place of Business  
NATIONAL PLAZA, SUITE 102  
GRAND NATIONAL DRIVE  
ORLANDO FL 32819

Mailing Address  
GRAND NATIONAL PLAZA, SUITE 102  
7021 GRAND NATIONAL DRIVE  
ORLANDO FL 32819-8351

Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



DO NOT WRITE IN THIS SPACE

4. FEI Number 11-2391731  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

MIRANDA, JOSEPH P  
7021 GRAND NATIONAL DR.  
STE 102  
ORLANDO FL 32819

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

## OFFICERS AND DIRECTORS

## 12.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

DPST WINTER, SOPHIA M 7021 GRAND NATIONAL DR. ORLANDO FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/99)

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: *Joseph P. Miranda* JOSEPH P. MIRANDA 2/18/00 (407)352 2737  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone \*