

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K64172

1. Entity Name

SPORTS BITES, INC.

Principal Place of Business

Mailing Address

C/O NEIL S SCHECHT
2909 W BAY TO BAY BLVD
TAMPA FL 33629-8100
US

C/O NEIL S SCHECHT
2909 W BAY TO BAY BLVD
TAMPA FL 33629-8100
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C/O NEIL S SCHECHT
2909 W BAY TO BAY BLVD
TAMPA FL 33629

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

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

TITLE D ☐ Delete
NAME GARCZYNSKI, CAROLE
STREET ADDRESS 14565 EAGLE RIDGE DR
CITY-ST-ZIP FT MYERS FL

TITLE D ☐ Delete
NAME WERLEY, ELLEN
STREET ADDRESS 14770 SOARING EAGLE CT
CITY-ST-ZIP FT MYERS FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90161 001 ****75.00

02-14-2000 90161 002 ****75.00

8501



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0100503 | Applied For
Not Applicable

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

2-3-00 941-748-2156