## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 21, 2001 8:00 am Secretary of State **DOCUMENT # K71306** 1. Entity Name NORTH FLORIDA SPORT'S CONNECTION, INC. 03-21-2001 90036 049 \*\*\*150.00 Principal Place of Business Mailing Address TOMMY D. DANIELS TOMMY D. DANIELS 119 S OHIO AVE 119 \$ OHIO AVE LIVE OAK FL 32060 LIVE OAK FL 32060 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-2937237 City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DANIELS, TOMMY D. Street Address (P.O. Box Number is Not Acceptable) 119 S OHIO AVE 14. Y LIVE OAK FL 32060 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Delete TITLE TITLE DANIELS, TOMMY D. NAME NAME 6459 119th. Rd. **ROUTE 1 BOX 500** STREET ADDRESS STREET ADDRESS (°, CITY-ST-ZIP CITY-ST-ZIP LIVE OAK FL ☐ Addition ☐ Change STD ☐ Delete SCOTT, RICHARD E. NAME NAME **COUNTY ROAD 49** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-782 LIVE OAK FL Change Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS Ģ., CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE , Delete NAME NAME · ( . . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition T Change TITLE TITLE ☐ Delete \* NAME NAME STREET ADDRESS STREET ADDRESS

13. 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

Tommy D. Daniel

3 9 6 904-364

Daytime Phone #