

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90053 024 ***150.00

DOCUMENT # M99584**1. Entity Name**
FLORIDA SPORTS GROUP, INC.**Principal Place of Business****3840 CROWN POINT RD**
STE #B
JACKSONVILLE FL 32257
US**Mailing Address****3840 CROWN POINT RD**
STE #B
JACKSONVILLE FL 32257
US**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number**59-2906901**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****PITTS, SUSAN C**
3840 CROWN POINT ROAD
JACKSONVILLE FL 32257**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**

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, 2002 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	DP	☐ Delete
NAME	HOLDER, MICHAEL G.	
STREET ADDRESS	4944 WOODRIDGE DR	
CITY-ST-ZIP	CALLAHAN FL	
TITLE	ST	☐ Delete
NAME	PITTS, SUSAN C	
STREET ADDRESS	3840 CROWN POINT ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VPD	☐ Delete
NAME	HOLDER, JASON PAUL	
STREET ADDRESS	12801 KELSEY ISLAND DR	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	☐ Delete
NAME	PITTS, WILLIAM G	
STREET ADDRESS	3840 CROWN POINT ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
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
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:***Michael G. Holder*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)