

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 05, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000004636**

1. Entity Name

PHYSICALLY CHALLENGED SPORTS FOUNDATION, INC.

Principal Place of Business

Mailing Address

14052 LAKE TILDEN BLVD

14052 LAKE TILDEN BLVD

WINTER GARDEN
34787

FL

WINTER GARDEN
34787

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ 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

SAPPER JEFF
14052 LAKE TILDEN BLVDWINTER GARDEN
34787

FL

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

07/05/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	TAVRIDES SHANNON	916 N WESTMORELAND	ORLANDO FL 32804	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	SAPPER JEFF	14052 LAKE TILDEN BLVD	WINTER GARDEN FL 34787	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	SAPPER DEBORAH D	14052 LAKE TILDEN BLVD	WINTER GARDEN FL 34787	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeff Sapper

D

07/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Fee #

CR2E037 (11/00)