


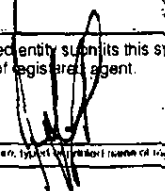
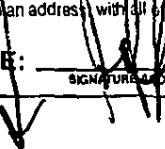
AMENDED

08-29-2003 90094 032 ****61.25
FILED N00000004636

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

03 SEP -5 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000004636			
1. Entity Name Physically Challenged Sports Foundation, Inc			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1 Citrus Bowl Place Suite, Apt. #, etc. Suite 203 City & State Orlando FL		3. Mailing Address Suite, Apt. #, etc. City & State Zip 32805 Country USA	
4. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name JEFF Sapper	
		Street Address (P.O. Box Number is Not Acceptable) 1151 Stationville Dr.	
		City Oakland, FL Zip Code 34787	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  JEFF Sapper		DATE 08/24/03	
FEE IS \$61.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
① Michelle Lilly 1307 Olympia Park Circle Ocoee, FL 34761			
② Dana Thomas 790 E. Lake Sue Ave. Winter Park, FL 32787			
③ Gary Fisher 111 Dellwood Dr. Longwood, FL 32750			
④ Jeff Sapper 1151 Stationville Dr. Oakland, FL 34787			
⑤ Pat Hoffmann 2241 Hardy Circle Orlando, FL 32835			
⑥ Shannon Tauripes 519 W. Hazel St. Orlando, FL 32804			
		DO NOT WRITE IN THIS SPACE	
12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all power like empowered.			
SIGNATURE:  JEFF Sapper		DATE 8/24/03 407-625-4263	

CR2E037B (12/02)