

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

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90878 010 \*\*\*\*61.25

DOCUMENT # N0100005481

1. Entity Name

BAY AREA MERCHANTS SPORTS INC.

003037

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6804 Morningsun Court

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

New Port Richey, Florida

City & State

4. FEI Number

311786696

Applied For

Not Applicable

Zip

34655

Country

US

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Slaughter, Robert G

Street Address (P.O. Box Number is Not Acceptable)

6804 Morningsun Court

City

New Port Richey

FL

Zip Code  
34655

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

**FEE IS \$61.25**  
**Initial or Amended UBR**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
Slaughter, Robert G  
6804 Morningsun Court  
New Port Richey, FL 34655 US

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
Braden, Kent D  
2053 59th Way N.  
Clearwater, FL 33760 US

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Slaughter, Melinda A  
6804 Morningsun Court  
New Port Richey, FL 34655 US

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CITY-ST-ZIP

**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 other like empowered.

SIGNATURE: *Robert Slaughter* Robert Slaughter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 727 808-6016

Date

Daytime Phone #

CR2E037B (12/01)