

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000007187**

1. Entity Name  
**FLORIDA ELITE BASKETBALL, INC.**



Principal Place of Business  
PO BOX 7431  
WESLEY CHAPEL, FL 33544

Mailing Address  
PO BOX 7431  
WESLEY CHAPEL, FL 33544



01162004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**03-0483665**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**STERNS, RANDY K  
220 S FRANKLIN STREET  
TAMPA, FL 33602**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FOSS, CONRAD  
29443 AZALEA LANE  
WESLEY CHAPEL, FL 33543**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PASCHAL, ROBERT  
9023 QUAIL CIRCLE DRIVE  
TAMPA, FL 33642**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
STERNS, RANDY K  
220 S FRANKLIN STREET  
TAMPA, FL 33602**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000007994  
01/20/04-80047-005 61.25

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Conrad P. Foss CONRAD P. FOSS 1-15-04 (813) 991-6445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #