

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000000269

1. Entity Name
SPORTS MOBILITY SOLUTIONS FOUNDATION, INC.



Principal Place of Business
3401 SOUTH BEACH DRIVE
TAMPA, FL 33629

Mailing Address
3401 SOUTH BEACH DRIVE
TAMPA, FL 33629



02162006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-1168028

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BERKMAN, MONROE E
3401 SOUTH BEACH DRIVE
TAMPA, FL 33629

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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, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

04/26/06-80013-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BERKMAN, MONROE E
STREET ADDRESS	3401 SOUTH BEACH DRIVE
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	DCEO
NAME	STULER, KEITH
STREET ADDRESS	10 LEXINGTON LANE E
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	D
NAME	ERB, JIM
STREET ADDRESS	ONE N DALE MABRY STE 100
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/06 **(813) 835-6390**