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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2002 8:00 am
Secretary of State
05-19-2002 90074 030 ****61.25

DOCUMENT # N34159

1. Entity Name

FLORIDA SPORTS FOUNDATION, INCORPORATED

Principal Place of Business	Mailing Address
2930 KERRY FOREST PARKWAY TALLAHASSEE FL 32308 US	2930 KERRY FOREST PARKWAY TALLAHASSEE FL 32308 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. Suite 101	Suite, Apt. #, etc. Suite 101
City & State	City & State
Zip 32309 Country	Zip 32309 Country

4. FEI Number 59-3048773 ☐ Applied For ☐ Not Applicable

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
STRATOS, KIMARIE R 5013 S.W. 76TH STREET MIAMI FL 33143	Name METZ, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 215 S. Monroe Suite 505 City Tallahassee FL Zip Code 32301

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 _____ 4-30-2002

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	CD MCGRATH, PATRICK 100 SE 2ND STREET, SUITE 1600 MIAMI FL 33131	☒ Delete	D HAMMOND, (BILL) WM. 2115 SECOND STREET, 4th Floor FT. MYERS, FL 33901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD ALMSTEAD, DAVE 390 N. ORANGE AVENUE, SUITE 1075 ORLANDO FL 32801	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PARK, THOM 325 JOHN KNOX ROAD, SUITE 103 TALLAHASSEE FL 32303	☒ Delete	T NIXON, NICK 3141 ORTEGA DRIVE TALLAHASSEE FL 32312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRICE, ANNA 5880 SW 66TH STREET MIAMI FL 33143	☒ Delete	D FERRIS, DONNA 401 CHANNELSIDE DRIVE TAMPA FL 33602	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NYSTROM, ROBIN 106 E. COLLEGE AVENUE, SUITE 900 TALLAHASSEE FL 32302	☐ Delete	~~AT LARGE~~ D SAFLEY (NYSTROM), ROBIN THE CAPITOL, PL 08 TALLAHASSEE FL 32399-0400	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PENDLETON, LARRY 2964 WELLINGTON CIRCLE NORTH TALLAHASSEE FL 32308	☐ Delete	P PENDLETON, LARRY 2930 KERRY FOREST PKWY, #101 TALLAHASSEE FL 32309	☒ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED _____ 850-488-8347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #