## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N34159

FILED Jan 08, 2003 Secretary of State

Entity Name: FLORIDA SPORTS FOUNDATION, INCORPORATED

<b>Current P</b>										
	rincipal Place o	f Business:	New Principal Place	of Business:						
2930 KER STE 1	RY FOREST PAI	RKWAY		2930 KERRY FOREST PARKWAY						
	SSEE, FL 32309	US	STE 101 TALLAHASSEE, FL 3	32309 US						
Current M	lailing Address	1	New Mailing Addres	New Mailing Address:						
	RY FOREST PAI	RKWAY		2930 KERRY FOREST PARKWAY						
STE 1 FALLAHA	SSEE, FL 32309	US	STE 101 TALLAHASSEE, FL 3	32309 US						
El Number	: 59-3048773	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )						
Name and	d Address of Cu	rrent Registered Agent:	Name and Address of	of New Registered Agent:						
	EPHEN NROE STE 505 SSEE, FL 32301	US								
	e named entity su e of Florida.	bmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both						
SIGNATU										
	Electronic	Signature of Registered Age	ent	Date						
OFFICER	S AND DIRECTO	ORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTO						
Γitle: Name:	D ()D HAMMOND, BILL	elete	Title: Name:	() Change () Addition						
	2115 SECOND ST FORT MYERS, FL	FREET 4TH FLOOR . 33901	Address: City-St-Zip:							
City-St-Zip: Fitle: Name: Address:	FORT MYERS, FL VCD ( ) D ALMSTEAD, DAVI	. 33901 elete E AVENUE, SUITE 1075		( ) Change ( ) Addition						
City-St-Zip:  Fitle:  Name:  Address:  City-St-Zip:  Fitle:  Name:  Address:	FORT MYERS, FL VCD ( ) D ALMSTEAD, DAVI 390 N. ORANGE	. 33901 elete E AVENUE, SUITE 1075 2801 elete	City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition						
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City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: Address:	FORT MYERS, FL  VCD () D  ALMSTEAD, DAVI 390 N. ORANGE A  ORLANDO, FL 32  T () D  NIXON, NICK 3141 ORTEGA DE  TALLAHASSEE, F  D () D  FERRIS, DONNA 401 CHANNELSIE	elete E AVENUE, SUITE 1075 2801 elete R L 32312 elete DE DR 2 elete D8	City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: Address: Address:	( ) Change ( ) Addition						

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE:	LARRY	PE		.ETOI						Р		01/08/20	03
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