

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001307

1. Entity Name

THE FLORIDA SPORTS FOUNDATION FOR CHILDREN, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90129 042 \*\*\*\*61.25

841977



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
117 WADING BIRD CIRCLE SUITE 101 NAPLES FL 34110	16 MORNINGSTAR AVE NATICK MA 01760-5408 US

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

4. FEI Number	Applied For
65-0529165	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HART, REGINALD S  
117 WADING BIRD CIRCLE  
UNIT 101  
NAPLES FL 34110

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HART, REGINALD S	
STREET ADDRESS	117 WADING BIRD CIRCLE, #101	
CITY-ST-ZIP	NAPLES FL 34410	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHRYVER, PAUL	
STREET ADDRESS	1546 13TH AVE NORTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WALTHER, RONALD	
STREET ADDRESS	3777 TAMiami TRAIL NORTH, SUITE 200	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMAHON, JAMES	
STREET ADDRESS	285 LAGOON ST.	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINVILLE, JOSEPH	
STREET ADDRESS	134 FRAMINGHAM RD	
CITY-ST-ZIP	SOUTHBORO MA 01772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: REGINALD S HART 4/24/2000 (508) 651-3999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)