

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90253 001 \*\*\*511.25

**14301**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** N 9500001282 (1)

**1. Entity Name**  
 Sports Embassy Foundation, Inc.  
 3501 N.E. 10th Street  
 Ocala, FL 34470

**Principal Place of Business**      **Mailing Address**

3501 N.E. 10th Street  
 Ocala, FL 34470

**2. Principal Place of Business**      **3. Mailing Address**

Florida      3501 N.E. 10th Street

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Ocala, FL 34470

Zip      Country      Zip      Country

34470      USA

**4. FEI Number**      **Applied For**

65-0569987      ☐ Not Applicable

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

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

Denise Edmunds  
 10031 NW 115th AVE  
 Reddick, FL 32686

**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** \_\_\_\_\_

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

**9. Election Campaign Financing**      **\$5.00 May Be Added to Fees**

Trust Fund Contribution. ☐

**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	President-Director <input type="checkbox"/> Delete Rose J. Johnsen 3501 N.E. 10th Street Ocala, FL 34470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President-Dir. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Danny L. Edmunds 3501 N.E. 10th Street Ocala, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary-Director <input type="checkbox"/> Delete Bruce E. Thomsen 575 Anton Boulevard #300 Costa Mesa, CA 92626	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Delete Denise Edmunds 10031 NW 115th Ave Reddick, FL 32686	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** Rose J. Johnsen, President-Director      03-14-00      949 768-2197

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

CR2E037 (9/99)