

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90060 039 \*\*\*\*61.25

**DOCUMENT # N95000002494**

1. Entity Name

**FLORIDA ATHLETICS, INC.**

Principal Place of Business

Mailing Address

3250 LAKEVIEW BLVD.  
 DELRAY BEACH FL 33445

3250 LAKEVIEW BLVD.  
 DELRAY BEACH FL 33445



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0066597**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FINE, ROBERT G**  
**3250 LAKEVIEW BLVD.**  
**DELRAY BEACH FL 33445**

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

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

TITLE <i>Pres</i>	D FINE, ROBERT G 3250 LAKEVIEW BLVD. DELRAY BEACH FL 33445	<input type="checkbox"/> Delete
TITLE <i>Secy</i>	D FINE, GLORIA 3250 LAKEVIEW BLVD. DELRAY BEACH FL 33445	<input type="checkbox"/> Delete
TITLE	D RANOFKY, ALAN 9200 S.W. 3RD STREET BOCA RATON FL 33428	<input checked="" type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE <i>V.P</i>	<i>Robert Cella D</i> 1501 S. Ocean Dr. # 903 Hollywood, FL 33019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/00)

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: *Robert G. Fine*

*3/27/01* *5614993820*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #