

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90047 026 ****61.25

DOCUMENT # N97000005073

1. Entity Name

NEW SMYRNA BEACH SPORTS AUTHORITY, INC.

Principal Place of Business

Mailing Address

418 CANAL ST.
 NEW SMYRNA BEACH FL 32168

P.O. BOX 1497
 NEW SMYRNA BEACH FL 32170-1497

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3465959
APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERSON, SID C JR
418 CANAL ST.
NEW SMYRNA BEACH FL 32168

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. ~~NEW~~ OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	HARVEY, MARVIN E JR	
STREET ADDRESS	707 FAIRWAY DR.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PETERSON, SID C JR	
STREET ADDRESS	4012 SAXON DR.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CAPUTO, DOMINICK	
STREET ADDRESS	813 E. 7TH AVE.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LINTS, RODNEY	
STREET ADDRESS	4378 SEA MIST DR.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	RINGLEHAN, ROBERT	
STREET ADDRESS	2433 LYDIA WAY	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERBERT, GLENN M	
STREET ADDRESS	4170 SAXON DR.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DERRY ROE	
STREET ADDRESS	1510 SHADOW PINES DR.	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL. 32168	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY SIGLER	
STREET ADDRESS	1095 TURNBULL CREEK RD.	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL. 32168	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAY HOFFMAN	
STREET ADDRESS	98 AQUA COURT	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL. 32168	
TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SID C. PETERSON, JR.	
STREET ADDRESS	418 CANAL ST.	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL. 32168	
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)(l), 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: SID C. PETERSON, JR 2/18/00 428-2462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)