

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 26, 2000 8:00 am**
Secretary of State

05-02-2000 90062 005 ****70.00

DOCUMENT # N98000004434

1. Entity Name

WINNING WAYS BASKETBALL, INC.

Principal Place of Business

Mailing Address

**146 EASTERN FORK
LONGWOOD FL 32750****146 EASTERN FORK
LONGWOOD FL 32750-2794**

2. Principal Place of Business

598 CALIBRE CREST PKWY

3. Mailing Address

P.O. Box 160835

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt 201City & State
Altamonte Springs FLZip
32714Country
USACity & State
Altamonte Springs FLZip
32716-0835Country
USA

4. FEI Number

59-3535316

Applied For

Not Applicable

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

**MESTEL, BARRY
146 EASTERN FORK
LONGWOOD FL 32750****598 CALIBRE CREST PKWY****# 201****Altamonte Springs FL 32714**

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

*Barry L. Mestel***Barry L. MESTEL PRESIDENT****4/24/00**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MESTEL, BARRY	
STREET ADDRESS	146 EASTERN FORK	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MESTEL, JUDITH	
STREET ADDRESS	146 EASTERN FORK	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COHEN, GERTRUDE	
STREET ADDRESS	146 EASTERN FORK	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Barry L. MESTEL, PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	598 CALIBRE CREST PKWY #201	
STREET ADDRESS	Altamonte Springs FL 32714	
CITY-ST-ZIP		
TITLE	Tom Kane (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	244 LARY ACRES DR	
STREET ADDRESS	Longwood FL 32750	
CITY-ST-ZIP		
TITLE	Brenda Suh (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3142 Butler Bay Dr IV,	
STREET ADDRESS	WINDERMERE FL 32706	
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:

SIGNATURE REQUIRED
*Barry L. Mestel***4/24/00****-707/337-9053**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)