

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004558

1. Entity Name

SPORTS - PRO OFFICIALS, INC.



FILED

Sep 05, 2000 8:00 am  
Secretary of State

09-05-2000 90024 044 \*\*\*\*61.25

Principal Place of Business

5126 MANDURIA ST.  
ORLANDO FL 32819

Mailing Address

5126 MANDURIA ST.  
ORLANDO FL 32819

2. Principal Place of Business

PO Box 592593

Suite, Apt. #, etc.

3. Mailing Address

PO Box 592593

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FLORIDA

Zip 32859-2593

Country U.S.

City & State

ORLANDO, FLORIDA

Zip 32859-2593

Country U.S.

4. FEI Number

59-3528959

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, RONALD E SR.  
5126 MANDURIA ST.  
ORLANDO FL 32819

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/29/2000

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 PD ☐ Delete  
NAME WILLIAMS, RONALD E SR  
STREET ADDRESS P.O. BOX 592593  
CITY-ST-ZIP ORLANDO FL 32859-2593

TITLE STD ☒ Delete  
NAME SHAIZER, DAN  
STREET ADDRESS P.O. BOX 2892  
CITY-ST-ZIP WINTER PARK FL 32790-2892

TITLE ATD ☐ Delete  
NAME SUMMERS, BILL  
STREET ADDRESS 14308 BRASSY COVE CIRCLE  
CITY-ST-ZIP ORLANDO FL 32829

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE STD ☐ Change ☒ Addition  
NAME VICKIE SUMMERS  
STREET ADDRESS 14308 GRASSY COVE CIRCLE  
CITY-ST-ZIP ORLANDO, FL 32829

TITLE ATD ☒ Change ☐ Addition  
NAME BILL SUMMERS  
STREET ADDRESS 14308 GRASSY COVE CIRCLE  
CITY-ST-ZIP ORLANDO, FL 32829

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an officer or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/2000

Date

Daytime Phone #

(407) 443-1760

CR2E037 (5/00)