

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 18, 2001 08:00 AM****Secretary of State****DOCUMENT # N99000006126**1. Entity Name
SPARKMAN SPORTS AND FITNESS, INC.

Principal Place of Business 4732 PINTAIL DR. TALLAHASSEE FL 32311	Mailing Address 4732 PINTAIL DR. TALLAHASSEE FL 32311
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
59-3606183Applied For
Not Applicable5. 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

SPARKMAN LARRY 4732 PINTAIL DRIVE TALLAHASSEE FL 32311 US	Name SPARKMAN LARRY D Street Address (P.O. Box Number is Not Acceptable) 4732 PINTAIL DRIVE City TALLAHASSEE FL Zip Code 32311
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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 **LARRY D. SPARKMAN** **01/18/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SPARKMAN LISA C 4732 PINTAIL DRIVE TALLAHASSEE FL 32311 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SPARKMAN ELIZABETH S 4732 PINTAIL DRIVE TALLAHASSEE FL 32311 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SPARKMAN LARRY D 4732 PINTAIL DRIVE TALLAHASSEE FL 32311 ☐ Change ☒ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Larry D. Sparkman** DIR **01/18/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)