

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name **PO0000053835**

SPORT COURT PRODUCTIONS, INC. (CA)

Principal Place of Business

Mailing Address

**4318 NOWLING ROAD
JAY, FL 32565**

2. Principal Place of Business

4318 NOWLING RD Jay, FL

Suite, Apt. #, etc.

3. Mailing Address

4318 Nowling Rd Jay, FL 32565

Suite, Apt. #, etc.

City & State

JAY, FL

Zip

32565

Country

USA

City & State

JAY, FL

Zip

32565

Country

USA

4. FEI Number

59-3663230

Applied For:

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LARRY E. BANKESTER
4318 NOWLING ROAD
JAY, FL 32565**

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

Larry E. Bankester

18 June 2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
LARRY E. BANKESTER 4318 NOWLING ROAD JAY, FL 32565	PRESIDENT & CEO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
MARILYN L. ROBINSON	SR. VICE PRES.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Larry E. Bankester

18 June 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 22, 2001 8:00 am
Secretary of State

06-22-2001 90219 039 ***158.75

00058212

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)