

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/1

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90337 045 \*\*\*150.00

DOCUMENT # P00000056536

1. Entity Name

BRUSPORTS, INC.

Principal Place of Business

5801 PELICAN BAY BLVD.  
 SUITE 300  
 NAPLES FL 34108-2709

Mailing Address

5801 PELICAN BAY BLVD.  
 SUITE 300  
 NAPLES FL 34108-2709

2. Principal Place of Business

27524 RIVERBANK DR

Suite, Apt. #, etc.

3. Mailing Address

27524 RIVERBANK DR

Suite, Apt. #, etc.

City & State

Bonita Springs, FLA.

Zip 34134

Country LEE

City & State

Bonita Springs FLA.

Zip 34134

Country LEE

4. FEI Number

31-1165615

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CECIL W. JEFFREY ESQ.  
 PORTER, WRIGHT, MORRIS & ARTHUR  
 5801 PELICAN BAY BLVD., SUITE 300  
 NAPLES FL 34108-2709

7. Name and Address of New Registered Agent

Name EARLE D. BRUCE

Street Address (P.O. Box Number is Not Acceptable)

27524 RIVERBANK DR

City

Bonita Springs, FL

Zip Code

34134

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

Earle D. Bruce

EARLE D. BRUCE

2-28-01

Signature, typed or printed name of registered agent and date 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	PRES.	<input type="checkbox"/> Delete
NAME	EARLE D. BRUCE	
STREET ADDRESS	27524 RIVERBANK DR.	
CITY-ST-ZIP	BONITA SPRINGS, FLA. 34134	
TITLE	V. PRES.	<input type="checkbox"/> Delete
NAME	JEAN A. BRUCE	
STREET ADDRESS	27524 RIVERBANK DR.	
CITY-ST-ZIP	BONITA SPRING, FLA. 34134	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	MICHAEL BRUCE	
STREET ADDRESS	4325 JENNYDAWN PLACE	
CITY-ST-ZIP	COLUMBUS, OHIO 43026	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Earle D. Bruce

EARLE D. BRUCE

2-28-01

941-498-9676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)