

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/1

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90028 001 \*\*\*150.00

**DOCUMENT # P00000091552**

1. Entity Name

**SPORTSPINT INTERNATIONAL, INC.**

Principal Place of Business

**C/O T. WILLIAM T. GLOCKER, ESQ.  
 ONE INDEPENDENT DRIVE SUITE 3000  
 JACKSONVILLE FL 32202**

Mailing Address

**C/O T. WILLIAM T. GLOCKER, ESQ.  
 ONE INDEPENDENT DRIVE SUITE 3000  
 JACKSONVILLE FL 32202**

2. Principal Place of Business

**ONE INDEPENDENT DR  
 SUITE 2000**

3. Mailing Address

**ONE INDEPENDENT DR.  
 SUITE 2000**



DO NOT WRITE IN THIS SPACE

City & State

**JACKSONVILLE FL**

City & State

**JACKSONVILLE FL**

4. FEI Number

**59-3680861**

Applied For

☐ Not Applicable

Zip

**32202**

Country

**USA**

Zip

**32202**

Country

**USA**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MABM CORPORATE SERVICES, INC.  
 C/O T. WILLIAM GLOCKER, ESQ.  
 ONE INDEPENDENT DRIVE SUITE 3000  
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

**Name: T. William Glocker  
 Street Address (P.O. Box Number is Not Acceptable):  
 ONE INDEPENDENT DR  
 SUITE 2000  
 City: JACKSONVILLE FL Zip Code: 32202**

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]*

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

(NOTE: Registered Agent signature required when re-issuing)

**4-11-01**

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	<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	<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 checked="" type="checkbox"/> Addition
NAME	<b>INCORPORATOR</b>
STREET ADDRESS	<b>T. WILLIAM GLOCKER</b>
CITY-ST-ZIP	<b>ONE INDEPENDENT DR., SUITE 2000 JACKSONVILLE FL 32202</b>
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	
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	

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

*[Signature]*

**INCORPORATOR**

**4-11-01**

Date

**(904) 354-8888**

Daytime Phone

CR2E034 (10/00)