

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112569

1. Entity Name

UPPER LEVEL SPORTS MANAGEMENT GROUP, INC.

02-07-2001 90163 010 ***150.00
P00000112569

FILED

01 FEB -7 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

101 E. UNION ST., #402
JACKSONVILLE FL 32202

Mailing Address

101 E. UNION ST., #402
JACKSONVILLE FL 32202

2. Principal Place of Business

101 East Union st #402

3. Mailing Address

101 East Union st #402

Suite, Apt. #, etc.

402

Suite, Apt. #, etc.

402

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3402924

Applied For

Not Applicable

Zip

32202

Country

USA

Zip

32202

Country

United States

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVERS, ROBERT CALVIN
505 N. LIBERTY ST., #200
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name Rivers, Robert Calvin

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

505 N Liberty st

#200

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, 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 PT
NAME HALL, A. SCOTT
STREET ADDRESS 101 E. UNION ST., #402
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

TITLE VS
NAME WEARY, BILLY
STREET ADDRESS 2812 PECAN ST.
CITY-ST-ZIP COLUMBUS GA 31906 ☐ 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

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

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

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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-05-01

Date

904)353-9097

Daytime Phone #

CR2E034 (10/00)

2/14/01