2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112569

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

1. Entity Name
UPPER LEVEL SPORTS MANAGEMENT GROUP, INC.

Principal Place of Business	Mailing Address
101 E. UNION ST., #402 JACKSONVILLE FL 32202	101 E. UNION ST., #402 JACKSONVILLE FL 32202

2. Principal Place of Business	3. Mailing Address
101 East Union st #402	101 East Union st #402
Suite, Apt. #, etc.: 402	Suite, Apt. #, etc.: 402
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32202 / Country: USA	Zip: 32202 / Country: ~~Duval~~ US

4. FEI Number: 59-3402924 — Applied For / Not Applicable

5. 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
RIVERS, ROBERT CALVIN 505 N. LIBERTY ST., #200 JACKSONVILLE FL 32202	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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PT NAME: HALL, A. SCOTT STREET ADDRESS: 101 E. UNION ST., #402 CITY-ST-ZIP: JACKSONVILLE FL 32202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: VS NAME: WEARY, BILLY STREET ADDRESS: 2612 PECAN ST. CITY-ST-ZIP: COLUMBUS GA 31906	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: _____ 02-05-01 (904) 353-9097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)

2/14/01