

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0140778 AT

DOCUMENT # P01000019916

1. Entity Name
SPORTS WORLD OF CENTRAL FLORIDA, INC.



FILED

03 DEC -8 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
568 N. CITRUS AVE
CRYSTAL RIVER FL 34428

Mailing Address
568 N. CITRUS AVE
CRYSTAL RIVER FL 34428

2. Principal Place of Business

1801 NW Highway 19
Suite, Apt. #, etc.
Suite 439

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State
Crystal River, FL

City & State

Zip
34428

Country
USA

Zip

Country

4. FEI Number 65-1081793

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIS, ROBERT A JR
1161 S. FIELDVIEW LOOP
LECANTO FL 34461

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME WILLIS, ROBERT A
STREET ADDRESS 1161 S. FIELDVIEW LOOP
CITY-ST-ZIP LECANTO FL 34461

TITLE DS
NAME WILLIS, ANNE B
STREET ADDRESS 1161 S. FIELDVIEW LOOP
CITY-ST-ZIP LECANTO FL 34461

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000024856050
11/19/03--01041--015 **550.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000024856050
12/08/03--01015--015 **200.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2E034 (4/03)