

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90325 023 ***150.00

DOCUMENT # P02000005790

1. Entity Name
SOUTH TAMPA ATHLETIC RECREATIONAL SPORTS, INC.



Principal Place of Business
6615 BELCHER DR.
TAMPA FL 33629

Mailing Address
3615 BELCHER DR.
TAMPA FL 33629

Same

40009027



2. Principal Place of Business

5400 S. Westshore

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tpc, FL

City & State

Zip

33611

Country

Zip

Country

4. FEI Number

01-0596394

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FERNANDEZ, KRISTOPHER E
307 SOUTH BLVD., SUITE D
TAMPA FL 33606

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 \$150.00

After May 1, 2003 Fee will be \$550.00

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 **D** ☐ Delete
NAME **SCHULZ, RICHARD**
STREET ADDRESS **3615 BELCHER DR.**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **D** ☒ Delete
NAME **HOLLAND, SCARLETT**
STREET ADDRESS **MORRISON AVE.**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **D** ☐ Delete
NAME **MOSES, LORI**
STREET ADDRESS **3615 BELCHER DR.**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **D** ☒ Delete
NAME **SANCHEZ, ROMMEL**
STREET ADDRESS **2042 E. BEARSS AVE.**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **D** ☒ Delete
NAME **SANCHEZ, STARLA**
STREET ADDRESS **2042 E. BEARSS AVE.**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **D** ☐ Delete
NAME **FERNANDEZ, KRISTOPHER E**
STREET ADDRESS **3922 W. TACON ST.**
CITY-ST-ZIP **TAMPA FL 33629**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **Thomas M. Moses**
STREET ADDRESS **2708 Mock Orange Ct**
CITY-ST-ZIP **Valrico, FL 33594**

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2708 Mock Orange**
CITY-ST-ZIP **Valrico, FL 33594**

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

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

TITLE ☐ Change ☒ Addition
NAME **Joe Prieto**
STREET ADDRESS **5720 151st**
CITY-ST-ZIP **Tpc, FL 33611**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/03

CR2E034 (10/02)