

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0191288 AV

DOCUMENT # P02000028502

1. Entity Name  
SPORTS ONE ENTERPRISES, INC.



FILED

03 MAY -5 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2770 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33065

Mailing Address  
2770 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33065



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALOMON, SCOTT A ESQ.  
2770 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33065

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 the 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME ROBY, REGINALD H  
STREET ADDRESS 2770 UNIVERSITY DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
200018017968  
05/05/03--01096--014 \*\*450.00

TITLE V  
NAME SALOMON, SCOTT A ESQ.  
STREET ADDRESS 2770 UNIVERSITY DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☒ Delete

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

TITLE V  
NAME ROBY, MELISSA  
STREET ADDRESS 2770 UNIVERSITY DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☒ Delete

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

TITLE V  
NAME SALOMON, ALISON B  
STREET ADDRESS 2770 UNIVERSITY DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☒ Delete

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

TITLE V  
NAME MAYO, KEITH R  
STREET ADDRESS 2770 UNIVERSITY DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☒ 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

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)