

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000115698**

1. Entity Name

SPORTS REVENUE & ENTERPRISES, INC.



Principal Place of Business

**44 SANDPIPER RD
TAMPA FL 33609**

Mailing Address

**44 SANDPIPER RD
TAMPA FL 33609**

2. Principal Place of Business

44 Sandpiper Rd.
Suite, Apt. #, etc.

3. Mailing Address

44 Sandpiper Rd.
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

02-0649623

Applied For

Not Applicable

Zip **33609**

Country **USA**

Zip **33609**

Country **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RICHARDS, HEATHER
755 W LUMSDEN RD STE B
BRANDON FL 33511**

7. Name and Address of New Registered Agent

Name **DOUG BURNS**
Street Address (P.O. Box Number is Not Acceptable)
2963 Gulf Breeze Blvd.
Suite #120
City **Clearwater** **FL** Zip Code **33759**

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

Doug J. Burns

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

(NOTE: Registered Agent signature required when reinstating)

11/21/03

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** ☐ Delete
NAME **NOLDE, BART D**
STREET ADDRESS **44 SANDPIPER RD**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **VICE CHAIRMAN** ☐ Delete
NAME **Brad Culpapper**
STREET ADDRESS **136 Davis Blvd.**
CITY-ST-ZIP **Tampa, FL 33610**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **600023987296**
CITY-ST-ZIP **10/21/03--01137--020 **750.00**

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

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

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

TITLE ☐ Change ☐ Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 629-2267

0096268
AV

FILED
03 DEC -1 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (4/03)