

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P24146

1. Entity Name

COALITION OF AMERICANS TO PROTECT SPORTS "CAPS"

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90023 037 \*\*\*\*61.25

Principal Place of Business

Mailing Address

200 CASTLEWOOD DRIVE  
NORTH PALM BEACH FL 33408

200 CASTLEWOOD DRIVE  
NORTH PALM BEACH FL 33408-5666

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0043645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINCOLN, SHARON M.  
200 CASTLEWOOD DRIVE  
NORTH PALM BEACH FL 33408

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.

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CHRISTMAN, ED  
CITY-ST-ZIP 2801 RED DOG DRIVE  
KNOXVILLE TN 37901

TITLE ☐ Change ☒ Addition  
NAME PD  
STREET ADDRESS RIDDLE, JOHN  
CITY-ST-ZIP 200 CASTLEWOOD DRIVE  
NORTH PALM BEACH, FL 33408

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DAVIS, PHILLIP M. ESQ  
CITY-ST-ZIP 50 STANIFORD ST., 9TH FLOOR  
BOSTON MA

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS NIMMONS, KEN  
CITY-ST-ZIP 610 SOUTH INDUSTRIAL  
LITCHFIELD, IL 62056

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GRANGER, MARK ESQ.  
CITY-ST-ZIP 250 SUMMER ST.  
BOSTON MA

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WEALAND, TOM  
CITY-ST-ZIP 153 W. WARREN  
GARDNER KS

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS FAGAN, JOHN  
CITY-ST-ZIP 350 NORTH LAKE BLVD., SUITE 15  
TAHOE CITY CA 95730-7199

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS NALLEY, CARLIN  
CITY-ST-ZIP 631 KOHLEY RD.  
LISLE IL

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 617, 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

Date

Daytime Phone #

CR2E037 (9/99)