

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90136 004 ****61.25

DOCUMENT # P24146

1. Entity Name

**COALITION OF AMERICANS TO PROTECT SPORTS "CAPS"
INCORPORATED**



Principal Place of Business

**200 CASTLEWOOD DRIVE
NORTH PALM BEACH FL 33408**

Mailing Address

**200 CASTLEWOOD DRIVE
NORTH PALM BEACH FL 33408**

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**

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. 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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

TITLE **D** ☐ Delete
NAME **NIMMONS, KEN**
STREET ADDRESS **610 SOUTH INDUSTRIAL**
CITY-ST-ZIP **LITCHFIELD IL 62055**

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

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

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

TITLE **D** ☐ Delete
NAME **NALLEY, CARLIN**
STREET ADDRESS **631 KOHLEY RD.**
CITY-ST-ZIP **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]
SIGNATURE REQUIRED

3/24/03

CR2E037 (10/02)