

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000014288

1. Entity Name

THE ATHLETIC DEPT., INC.

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90044 022 ***150.00

Principal Place of Business

Mailing Address

1795 CHENEY HWY
TITUSVILLE FL 32780
US

1408 NW 6TH ST
GAINESVILLE FL 32601-4020
US

2. Principal Place of Business

3. Mailing Address

1330 NW 6th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite C

City & State

City & State

Gainesville, FL

Zip

Country

Zip

Country

32601

4. FEI Number

59-3158374

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

CARNES, JIMMY
2719 NW 24TH WAY
GAINESVILLE FL 32605

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	CARNES, JIMMY	2719 NW 24TH WAY GAINESVILLE FL 32605	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	DOTSON, RICHARD	4580 HELENA DRIVE TITUSVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	DOTSON, NANCY	4580 HELENA DRIVE TITUSVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 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 #

4/11/00 352-336-6915

CR2E034 (9/99)