

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000017145

1. Entity Name

FLORIDA PROFESSIONAL SPORTS, INC.

FILED

May 07, 2000 8:00 am  
Secretary of State

05-07-2000 90007 049 \*\*\*150.00

Principal Place of Business Mailing Address  
105 E ORANGE AVENUE P O BOX 15080  
DAYTONA BEACH FL 32115-5080 DAYTONA BEACH FL 32115-5080

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip 32114 Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3169336 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

KOBRITZ, JORDAN I.  
~~750 KNOLLEWEN BLVD.~~  
ORMOND BEACH FL 32174

Name  
Street Address (P.O. Box Number is Not Acceptable)  
962 NORTHBROOK DRIVE  
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 \_\_\_\_\_ (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	PSTD	<input type="checkbox"/> Delete
NAME	KOBRTZ, JORDAN I.	
STREET ADDRESS	<del>750 KNOLLEWEN BLVD.</del>	
CITY-ST-ZIP	ORMOND BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERG, DEBBIE	
STREET ADDRESS	<del>750 KNOLLEWEN BLVD.</del>	
CITY-ST-ZIP	ORMOND BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KATZ, ROGER I	
STREET ADDRESS	3 WESTVIEW	
CITY-ST-ZIP	AUGUSTA MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREWS, ROBERT P	
STREET ADDRESS	105 BEAR HILL ROAD	
CITY-ST-ZIP	DOVER FOXCROFT ME	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARATA, WILLIAM S.	
STREET ADDRESS	1290 STATE ST	
CITY-ST-ZIP	VEAZIE MA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	962 NORTHBROOK DRIVE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOBRTZ	
STREET ADDRESS	962 NORTHBROOK DRIVE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Jordan I. Kobritz SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4/15/00 Daytime Phone #: (904) 257-3172