

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000000603

1. Entity Name

SPORTSTERS, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90043 030 ***150.00

Principal Place of Business

390 N. SUNCOAST HWY.
CRYSTAL RIVER FL 34429

Mailing Address

390 N. SUNCOAST HWY.
CRYSTAL RIVER FL 34429-5466

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

59-3214732

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

BRIAR, STEVEN H
390 N. SUNCOAST HWY.
CRYSTAL RIVER FL 34429

Name **Stephen M. Saperstein**

Street Address (P.O. Box Number is Not Acceptable)
390 N. Suncoast Blvd

City **CRYSTAL RIVER**

FL

Zip Code
34429

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

Stephen M. Saperstein

DATE

4/27/2000

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 ☐ Delete
NAME **D**
STREET ADDRESS **BRIAR, STEVEN H**
CITY-ST-ZIP **10810 W. BEACH PARKWAY**
LAKE WALES FL 33853

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **STEPHEN M SAPERSTEIN**
CITY-ST-ZIP **390 N SUNCOAST BLVD**
CRYSTAL RIVER FL 34429

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Steven H. Briar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN H. BRIAR

4/21/2000

Date

765-855-2093

Daytime Phone #

CR2E034 (9/99)