

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Amended Report

17

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000027194

1. Corporation Name

BAY AREA INDOOR SPORTS, INC.

99 NOV -2 PH 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9450 Lazy Lane
Tampa, FL 33614

Mailing Address
9501 Lazy Lane
Tampa, FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

April 7, 1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-3233048	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Country	Country	8. This corporation owes the current year Intangible Personal Property Tax.	Yes No

9. Name and Address of Current Registered Agent

F. Townsend Hawkes
215 South Monroe Street, Suite 500
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

81 Name
Craig R. Minsky
82 Street Address (P.O. Box Number is Not Acceptable)
300 South Hyde Park Avenue
83 Suite 150
84 City
Tampa
85 Zip Code
FL 33606

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Craig R. Minsky* **Craig R. Minsky** 10/22/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCarron, Kevin P.	1.2 NAME	
STREET ADDRESS	4201 Saltwater Boulevard	1.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33615	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kevin P. McCarron* **Kevin P. McCarron** 10/19/99 931-2247
Signature and typed or printed name of signing officer or director Date Daytime Phone #

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DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

Account Number FCA000000017

Reference: _____
(Sub Account)

Date: Nov. 2, 1999

Requestor Name: Carlton Fields

Address: Post Office Box 190
Tallahassee, Florida 32302

Telephone: (850) 224-1585

Contact Name: Joan Perrenot (x243)

Corporation Name: Bay Area Indoor Sports, Inc

Entity Number (if applicable): P94000027194

Authorization: J Perrenot

____ Certified Copy (1-9)

____ UCC'S

____ Certificate of Status

____ New Filings

☒ Amended Annual Report
Plain Stamped Copy

____ Annual Report

____ Fictitious Name

____ Amendments

____ Registration

() Call When Ready

(X) Call if Problem

() After 4:30

(X) Walk In

() Will Wait

() Pick Up

() Mail Out

RECEIVED
99 NOV -2 PM 12:59
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Client: 42697 Matter: 94802

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