

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000087481**

1. Entity Name

SPORTS CHAMPIONS, INC.**FILED**
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90050 040 ***150.00

0325916

Principal Place of Business

**277 ROYAL POINCIANA WAY
SUITE 135
PALM BEACH FL 33480**

Mailing Address

**277 ROYAL POINCIANA WAY
SUITE 135
PALM BEACH FL 33480**

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 **59-3281274**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****GEIGER, ALLAN T
1301 RIVERPLACE BLVD.
SUITE 1500
JACKSONVILLE FL 32207****7. Name and Address of New Registered Agent**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DC
WILLIAMS, ARTHUR L. JR.
ONE BOWMAN RD, AMELIA VILLAGE
AMELIA ISLAND FL 32035** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
JAMES E. KELLY
1658 TEMPLE JPHNSON ROAD
LOGANVILLE GA** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S.
GLOICE Y. CRIM
211 SAINT MARTIN DR
SUWANEE GA 30024** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLOICE Y. CRIM

2/14/01

Date

770-813-0090

Daytime Phone #

CR2E034 (10/00)