## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 28, 2001 8:00 am DOCUMENT # P95000041586 Secretary of State SPORTSMAN PARK DEVELOPMENT COMPANY 03-28-2001 90189 025 \*\*\*150.00 Principal Place of Business Mailing Address 1500 N. FEDERAL HWY. 1500 N. FEDERAL HWY. STE. 200 STE. 200 FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 2. Principal Place of Business 2500 E Kearney 3. Mailing Address 2500 E Kearney St. St. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0626971 Springfield, MO Springfield, MO Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired 65898 U.S.A. U.S.A. 65898 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MASTRIANA, F. RONALD Street Address (P.O. Box Number is Not Acceptable) 1500 N. FEDERAL HWY. SUITE 200 FT. LAUDERDALE FL 33304 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) Delete 🔀 Change TITLE TITLE Susie Henry 2500 E Kearney St. MASTRIANA, F. RONALD NAME NAME 1500 N. FEDERAL HWY SUITE 200 STREET ADDRESS STREET ADDRESS Springfield, MO CITY-ST-ZIP FT. LAUDERDALE FL 33304 CITY-ST-ZIP XI Change Delete TITLE ☐ Addition TITLE Toni Miller NAME NAME 2500 E Kearney St. STREET ADDRESS STREET ADDRESS Springfield, MO CiTY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE **K** Change ☐ Addition TITLE Joe C. Greene NAME NAME 1340 E Woodhurst STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Springfield, MO 65804 TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 am additions.

SIGNATURE: