

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000020106

1. Entity Name

UNITED SPORTS FANS, INC.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90018 003 ***550.00

Principal Place of Business

2201 CORPORATE BLVD.
STE 100
BOCA RATON FL 33431
US

Mailing Address

2201 CORPORATE BLVD.
STE 100
BOCA RATON FL 33431-7337
US

2. Principal Place of Business

1515 N. Federal Hwy

Suite, Apt. #, etc.

Suite 204

3. Mailing Address

1515 N. Federal Hwy.

Suite, Apt. #, etc.

Suite 204

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

65-0650863

Applied For

Not Applicable

Zip
33432

Country
USA

Zip
33432

Country
USA

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

STADULIS, FRANK L
2201 CORPORATE BLVD STE 100
BOCA RATON FL 33431

Name

Frank L. Stadulis

Street Address (P.O. Box Number is Not Acceptable)

1515 N. Federal Hwy.

Suite 204

City

Boca Raton

FL

Zip Code
33432

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

Frank L. Stadulis, PRESIDENT

Frank Stadulis

8/03/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remitting)

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	D	<input type="checkbox"/> Delete
NAME	SOLOMON, MARC	
STREET ADDRESS	6205 NW 23RD RD.	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STANGER, DANIEL	
STREET ADDRESS	7090 S. UNION PARK SOUTH	
CITY-ST-ZIP	MIDVALE UT 84047	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNSTEIN, ARTHUR	
STREET ADDRESS	HCR32 BOX 16	
CITY-ST-ZIP	MIDDLEBROOK VA 24459	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEAD, HOWARD	
STREET ADDRESS	624 SE 12TH TERR.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stadulis, Frank	
STREET ADDRESS	6342 NW 24th St.	
CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McClain, Tom	
STREET ADDRESS	90 Grove Street Ste. 205	
CITY-ST-ZIP	Ridgefield, CT 06877	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dotson, Kenneth	
STREET ADDRESS	2216 N Lincoln Ave. #A	
CITY-ST-ZIP	Chicago, IL 60614	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McMullen, Jack	
STREET ADDRESS	50 Church Street	
CITY-ST-ZIP	Cambridge, MA 02138	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Platt, Rom	
STREET ADDRESS	170 NW Spanish River Blvd.	
CITY-ST-ZIP	Boca Raton, FL 33431	
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:

Marc Solomon

Marc Solomon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/4/2000 (561) 338-3313

CR2E034 (9/99)