

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027093

1. Entity Name

SPORTSAFE, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90172 019 \*\*\*158.75

Principal Place of Business

2075 W. FIRST STREET., STE 204  
FT. MYERS FL 33901

Mailing Address

2075 W. FIRST STREET., STE 204  
FT. MYERS FL 33901-3100

2. Principal Place of Business

2038 WEST FIRST ST.

3. Mailing Address

2038 WEST FIRST ST.

Suite, Apt. #, etc.

#100

Suite, Apt. #, etc.

#100

City & State

Fort Myers FL

City & State

Fort Myers FL

Zip

33901

Country

USA

Zip

33901

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0947417

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARGANO, ANTHONY J  
2075 W. FIRST STREET., STE 204  
FT. MYERS FL 33901

7. Name and Address of New Registered Agent

Name

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

2038 WEST FIRST STREET

#100

City

Fort Myers

FL

Zip Code

33901

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SULLIVAN, MARC C	
STREET ADDRESS	7123 S. BRENTWOOD RD.	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DIAMOND, JOSEPH	
STREET ADDRESS	<del>2075 W. FIRST STREET., STE 204</del>	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GIORDANELLA, STEPHEN G	
STREET ADDRESS	6250 N.W. 96TH TERRACE	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GARGANO, ANTHONY	
STREET ADDRESS	<del>2075 W. FIRST STREET., STE 204</del>	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2038 WEST FIRST ST #100
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Suite 203
CITY-ST-ZIP	
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 C Sullivan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-2000  
Date

941-461-5250  
941-479-5255  
Daytime Phone #

CR2E034 (9/99)