

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000064956

1. Entity Name

SPORTS SPECIALTY & REHABILITATION CENTER, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90056 046 ***150.00

Principal Place of Business

13670 METROPOLIS AVE
SUITE 103
FT MYERS FL 33912
US

Mailing Address

13670 METROPOLIS AVE
SUITE 103
FT MYERS FL 33912-4346
US

2. Principal Place of Business

2328 Hancock Bridge Pkwy

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 104

City & State
Cape Coral FL

City & State

Zip
33990

Country
USA

Zip

Country

4. FEI Number 65-0688953

Applied For

Not Applicable

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

PANKOW, JACK
13670 METROPOLIS AVE
SUITE 103
FT MYERS FL 33912

Name

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

2328 Hancock Bridge Pkwy

City

Suite 104
Cape Coral

FL

Zip Code

33990

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)

3/9/00

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 NAME STREET ADDRESS CITY - ST - ZIP	STD PANKOW, JACK 13670 METROPOLIS AVE., SUITE 103 FT MYERS FL 33912	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VOGELBACH, W D 13670 METROPOLIS AVENUE, SUITE 103 FORT MYERS FL 33912	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition
2328 Hancock Bridge Pkwy, Suite 104 Cape Coral, FL 33990	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition
2328 Hancock Bridge Pkwy, Suite 104 Cape Coral FL 33990	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE 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

3/9/00

Date

741-574-7557

Daytime Phone #

CR2E034 (9/99)