

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000097302

1. Entity Name

Gravity Sports Equipment, Inc.

FILED

01 MAR 23 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

555 N. Byron Butler Prky. 555 N. Byron Butler Prky.  
Perry, FL 32347 Perry, FL 32347

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3420670

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Scott Keeler  
1211 North Center St.  
Perry, FL 32347

Name

Gary A. Shipman

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

215 S. Monroe St., Second Floor

City Tallahassee

FL 32301

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)

3/23/01  
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 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	V	<input checked="" type="checkbox"/> Delete
NAME	Keeler, Scott C.	
STREET ADDRESS	555 N. Byron Butler Prky.	
CITY-ST-ZIP	Perry, FL 32347	
TITLE	P.	<input type="checkbox"/> Delete
NAME	Shugar, Joel K.	
STREET ADDRESS	555 N. Byron Butler Prky.	
CITY-ST-ZIP	Perry, FL 32347	
TITLE	S	<input type="checkbox"/> Delete
NAME	Shugar, Michelle	
STREET ADDRESS	555 N. Byron Butler Prky.	
CITY-ST-ZIP	Perry, FL 32347	
TITLE	COO	<input checked="" type="checkbox"/> Delete
NAME	Bridgeman, Scott	
STREET ADDRESS	555 N. Byron Butler Prky.	
CITY-ST-ZIP	Perry, FL 32347	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shipman, Gary A.	
STREET ADDRESS	555 N. Byron Butler Prky.	
CITY-ST-ZIP	Perry, FL 32347	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shugar, Michelle	
STREET ADDRESS	555 N. Byron Butler Prky.	
CITY-ST-ZIP	Perry, FL 32347	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/01  
Date

850-  
222-3533  
Daytime Phone #

CR2E034 (11/00)