

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013635

1. Entity Name

GLENN'S SPORTING GOODS, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90050 046 ***150.00

Principal Place of Business 4605 WEST JACKSON ST PENSACOLA FL 32506	Mailing Address 4605 WEST JACKSON ST PENSACOLA FL 32506-4855
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3427878	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BROWNING, GLENN
4605 WEST JACKSON ST
PENSACOLA FL 32506

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

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 *Glenn Browning* (NOTE: Registered Agent signature required when reinstating) DATE 2/25/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWNING, HOBERT G	
STREET ADDRESS	412 NO 72ND AVE.	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BROWNING, LORNA	
STREET ADDRESS	412 NO 72ND AVE.	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input type="checkbox"/> Delete
NAME	STANLEY, ELIZABETH M	
STREET ADDRESS	412 NO 72ND AVE.	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BROWNING, ROBERT G	
STREET ADDRESS	80 STETSON ROAD	
CITY-ST-ZIP	PENSACOLA FL 32506	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VLD, ELIZABETH S.	
STREET ADDRESS		
CITY-ST-ZIP		
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: *Glenn Browning* **GLENN BROWNING** DATE: 2/25/00 DAYTIME PHONE #: 850 456-1104

CR2E034 (9/99)