

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000047076**

1. Entity Name  
**OLIVER'S SPORTS, INC.**

**FILED**  
**Aug 09, 2001 8:00 am**  
**Secretary of State**

08-09-2001 90045 002 \*\*\*558.75

0088601  
AV

Principal Place of Business  
**CITY PLAZA OF TAMPA PALMS**  
**16043 TAMPA PALMS BLVD WEST**  
**TAMPA FL 33647**  
**US**

Mailing Address  
**CITY PLAZA OF TAMPA PALMS**  
**16043 TAMPA PALMS BLVD WEST**  
**TAMPA FL 33647**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*City Plaza of Tampa Palms*  
*16043 Tampa Palms Blvd. W.*  
*Tampa, FL.*  
City & State  
Zip  
**33647** Country  
**US**

3. Mailing Address  
*City Plaza of Tampa Palms*  
*16043 Tampa Palms Blvd. W.*  
*Tampa, FL.*  
City & State  
Zip  
**33647** Country  
**US**

4. FEI Number **59-3460132** Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**STULL, R J PA**  
**602 SOUTH BLVD.**  
**TAMPA FL 33606**

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 \_\_\_\_\_  
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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>D</b> <b>SCOTT, DAVID D</b> <b>914 SHADED WATER WAY</b> <b>LUTZ FL 33549</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WINCHELL, EDWARD B</b> <b>911 SHADED WATER WAY</b> <b>LUTZ FL 33549</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CUSATO L, EARL P</b> <b>UNIVERSITY PARL APT.S #D211</b> <b>ITHICA NY 14850</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (5/01)

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-6-01** **81391001071**  
Date Daytime Phone #