

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049117

1. Entity Name
SUNCOAST SPORTS MANAGEMENT, INC.

Principal Place of Business
4836 14TH STREET WEST
BRADENTON FL 34207
US

Mailing Address
PO BOX 7374
BRADENTON FL 34210
US

2. Principal Place of Business
4200 53rd Ave. W.
Suite, Apt. #, etc.
#1707
City & State
Bradenton FL
Zip
34210

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90042 022 ***150.00

764729



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0823415** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RITTENHOUSE, TASHA
1549 RINGLING BLVD.
SUITE 602
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name **James Lester**
Street Address (P.O. Box Number is Not Acceptable)
4200 53rd Ave. W. #1707
City **Bradenton** FL **34210**

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 DATE **4-3-01**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LESTER, JAMES L 6142 TURNBURY PARK DR #5205 SARASOTA FL 34243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD James Lester 4200 53rd Ave W. #1707 Bradenton FL 34210	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date Daytime Phone #

0405225

CR2E034 (10/00)