

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049772

1. Entity Name

THE SPORTS SECTION OF CENTRAL FLORIDA, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90049 020 ***150.00

Principal Place of Business

Mailing Address

3701 HAWTHORNE LN
WINTER PK FL 32792-6217

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WINTER PK FL 32792-6217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3451566

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JASZCZ, LOREN T
4298 PEACHAM COURT
ORLANDO FL 32807

Name

JASZCZ, LOREN T

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

3701 HAWTHORNE LANE

City

WINTER PARK

FL

Zip Code

32792

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 \$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 ☐ Delete
NAME D
STREET ADDRESS JASZCZ, LOREN T
CITY-ST-ZIP 4298 PEACHAM COURT
ORLANDO FL 32807

TITLE ☒ Change ☐ Addition
NAME JASZCZ, LOREN T
STREET ADDRESS 3701 HAWTHORNE LANE
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (9/99)