

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000052294**

1. Entity Name

**SPORTS MARKETING CONSULTANTS, INC.**  
**7025 BERACASA WAY, SUITE 105G**  
**BOCA RATON, FL 33433**

Principal Place of Business

Mailing Address

2. Principal Place of Business

**7025 BERACASA WAY**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**105 G**

Suite, Apt. #, etc.

City & State

**BOCA RATON, FLORIDA**

City & State

Zip

**33433**

Country

**USA**

Zip

Country

4. FEI Number

**65-0770671**

Applied For

Not Applicable

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

Name **LINDA APPELL**

Street Address (P.O. Box Number is Not Acceptable) **3071 SUNRISE LAKES DR. E.**

City **SUNRISE**

**FL**

Zip Code **33322**

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

*Linda Appell*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**5/14/01**

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 **ROBERT JAFFE-CEOB-** ☒ Delete  
 NAME  
 STREET ADDRESS **7148 MARIANA COURT**  
 CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SECRETARY** ☐ Change ☒ Addition  
 NAME **LINDA APPELL**  
 STREET ADDRESS **3071 SUNRISE LAKES DR. EAST**  
 CITY-ST-ZIP **SUNRISE, FL 33322**

TITLE **PRESIDENT** ☐ Change ☒ Addition  
 NAME **HOWARD S. JAFFE**  
 STREET ADDRESS **1239 N. PARK AVE.**  
 CITY-ST-ZIP **INDIANAPOLIS, IN 46202**

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

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

TITLE ☐ Change ☒ Addition  
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TITLE ☐ Change ☐ Addition  
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 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:

*Linda Appell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/14/01**

Date

**561-417-8405**

Daytime Phone #

CR2E034 (11/00)