

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000061419

1. Entity Name  
STADIUM SPORTS PLUS, INC.

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91346 049 \*\*\*150.00

Principal Place of Business  
1 POMPAÑO SQUARE  
E-12  
POMPAÑO BEACH FL 33062

Mailing Address  
1 POMPAÑO SQUARE  
E-12  
POMPAÑO BEACH FL 33062

2. Principal Place of Business  
3908 W Hillsboro Blvd  
Suite, Apt. #, etc.

3. Mailing Address  
3908 W Hillsboro Blvd  
Suite, Apt. #, etc.

City & State  
DEERFIELD, FL  
Zip  
33442  
Country  
USA

City & State  
DEERFIELD FL  
Zip  
33442  
Country  
USA

4. FEI Number 65-0769724

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

GEANISIS, GREGORY  
1 POMPAÑO SQUARE  
POMPAÑO BEACH FL 33062

Name  
Street Address (P.O. Box Number is Not Acceptable)  
3908 W Hillsboro Blvd.  
City DEERFIELD BEACH FL Zip Code 33442

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 \_\_\_\_\_ (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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GEANISIS, GREGORY 1 POMPAÑO SQUARE POMPAÑO BEACH FL 33062	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 970-621 COCOA BEACH, FL 33097	<input checked="" 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
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
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

2/20/01

Date

Daytime Phone #

CR2E034 (10/00)