

Reinstatement Request

2000 UNIFORM BUSINESS REPORT (UBR)

Entity Number: **94100 # P97000073137**
 1. Entity Name: **International Sports Fellow Inc.**

07-07-2000 90460 013 ***300.00

P97000073137

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION

00 JUL 14 PM 12:09

00068607

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1550 W. 31st St.
Jacksonville FL 32209

2. Principal Place of Business 3. Mailing Address
Same **Same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Jax. FL. **Duval**
 Zip Country Zip Country
32209 **FL**

4. FEI Number Applied For
59-3513526 ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Louis A. Wilson Jr.
1550 W. 31st St.
Jax. FL 32209

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 **Louis A. Wilson Jr., CEO** **A. Wilson** **6-19-00**
 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
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 1. **Pres. + CEO** **Louis A. Wilson Jr.** **1550 W. 31st St. Jax. FL 32209**
 2. **Vice Pres.** **Theodore Leonard** **936 Lasalle St. Jax. FL 32207**
 3. **Secretary** **Faye Daniels** **12520 Haverford Rd. #12 Jax. FL 32218**
 4. **Treasurer** **Louis Wilson Jr.** **1550 W. 31st St. Jax. FL 32209**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Change Addition
 Change Addition
 Change Addition
 Change Addition
 Change 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: **Louis A. Wilson Jr.** **A. Wilson** **6-19-00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

7/14