

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90132 043 ***150.00

DOCUMENT # P97000101875

1. Entity Name

MARK SANFORD, INC.

SPORTSPLEX O.P., INC

Principal Place of Business

Mailing Address

PONTE VEDRA BLVD.
 PONTE VEDRA BEACH FL 32082

85 PONTE VEDRA BLVD.
 PONTE VEDRA BEACH FL 32082-1311

2. Principal Place of Business

1A FOX VALLEY DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

City & State

Zip

Country

Zip

Country

32073

CLAY

4. FEI Number

59-3487674

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOYLE, WILLIAM E ESQ
 1301 RIVERPLACE BOULEVARD
 SUITE 2600
 JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

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

2002 SOUTHSIDE BLVD

SUITE 201

City

FL

Zip Code

32216

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 | D | <input type="checkbox"/> Delete |
| NAME | SANFORD, MARK C | |
| STREET ADDRESS | 85 PONTE VEDRA BLVD. | |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL 32082 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BURNETT, MARGENA | |
| STREET ADDRESS | 85 PONTE VEDRA BLVD | |
| CITY-ST-ZIP | PONTE VEDRA BEACH, FL 32082 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
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| 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:

MARGENA BURNETT

4-27-00

(904) 285-7572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)