

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011025

1. Entity Name

GRAVITY SPORTS, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90097 024 ***150.00

Principal Place of Business

Mailing Address

~~200 EAST LAS OLAS BLVD SUITE 1900~~
~~FORT LAUDERDALE FL 33301~~

~~200 EAST LAS OLAS BLVD SUITE 1900~~
~~FORT LAUDERDALE FL 33301-2248~~

2. Principal Place of Business

3. Mailing Address

3200 W. OAKLAND PARK BLVD.
 Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

LAUDERDALE LAKES, FL

4. FEI Number 65-0771698

Applied For
 Not Applicable

Zip
 33311

Country
 USA

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

BEILLY, ROXANNE K
 350 ~~200~~ EAST LAS OLAS BLVD SUITE 1900 1700
 FORT LAUDERDALE FL 33301

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

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 ☐ Delete
 NAME GAGNON, STEVE F
 STREET ADDRESS 2101 SW 18TH AVE
 CITY-ST-ZIP FORT LAUDERDALE FL 33315

TITLE ☐ Change ☐ Addition
 NAME 3200 W. OAKLAND PARK BLVD
 STREET ADDRESS LAUDERDALE LAKES FL 33311
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME DUMAS, ROBERT A
 STREET ADDRESS 9461 BARITONE COURT
 CITY-ST-ZIP BOCA RATON FL 33469

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

TITLE D ☒ Delete
 NAME FREEDMAN, MARC E
 STREET ADDRESS 5176 EVANWOOD AVE
 CITY-ST-ZIP OAK PARK CA 91301

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

TITLE D ☐ Delete
 NAME EUGENE DAVIS
 STREET ADDRESS SCAROE BROOK DRIVE
 CITY-ST-ZIP LIVINGSTON NJ 07039

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

4/26/00

Date

954-868-1848

Daytime Phone #

CR2E034 (9/99)