

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024079

1. Entity Name

ASCENDANT SPORTS EMPRISES, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90026 037 ***150.00

Principal Place of Business

Mailing Address

3599 UNIVERSITY BLVD. S. SUITE 504
JACKSONVILLE FL 32216

1325 MORVENWOOD RD
JACKSONVILLE FL 32207-5333

2. Principal Place of Business

1930 San Marco Boulevard

3. Mailing Address

1930 San Marco Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 202

Suite 202

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Country

Zip

Country

32207

U.S.A.

32207

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3497461

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

CURTIS, C. WILLIAM III
1325 MORVENWOOD RD
JACKSONVILLE FL 32207

Name

C. William Curtis, III

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

1930 San Marco Boulevard

Suite 202

City

Jacksonville

FL

Zip Code

32207

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

C. William Curtis III

1/12/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CS	<input type="checkbox"/> Delete
NAME	WILLIAM, CURTIS C III	
STREET ADDRESS	1325 MORVENWOOD RD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	P	<input type="checkbox"/> Delete
NAME	GIONIS, STEPHEN	
STREET ADDRESS	11851 DERBYSHIRE DR.	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

C. William Curtis III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00

Date

(904) 346-0140

Daytime Phone #

CR2E034 (9/99)