

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**  
 05-01-2002 91614 043 \*\*\*150.00

**DOCUMENT # P98000024079**

1. Entity Name  
**ASCENDANT SPORTS EMPRISES, INC.**

Principal Place of Business  
**2004 UNIVERSITY BLVD. WEST  
 JACKSONVILLE FL 32217**

Mailing Address  
**1325 MORVENWOOD ROAD  
 JACKSONVILLE FL 32207**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1325 Morvenwood Rd.**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Jacksonville, FL**

City & State

4. FEI Number **59-3497461**

Applied For  
 Not Applicable

Zip **32207** Country **U.S.A.**

Zip Country

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

**6. Name and Address of Current Registered Agent**

**CURTIS, C. WILLIAM III  
 2004 UNIVERSITY BLVD. WEST  
 JACKSONVILLE FL 32217**

**7. Name and Address of New Registered Agent**

Name **C. William Curtis, III**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1325 Morvenwood Rd.**  
 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* **4/20/02**  
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, 2002 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 **CS** ☐ Delete  
 NAME **CURTIS, C. WILLIAM III**  
 STREET ADDRESS **1325 MORVENWOOD RD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **P** ☐ Delete  
 NAME **GIONIS, STEPHEN**  
 STREET ADDRESS **11851 DERBYSHIRE DR.**  
 CITY-ST-ZIP **TAMPA FL 33626**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

TITLE ☐ Change ☐ Addition  
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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: *C. William Curtis* **C. William Curtis** **4/20/02** **904-630-7130**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR III Date Daytime Phone #

CR2E034 (9/01)