

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071304

1. Entity Name

SPORTS PRIDE, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90107 046 ***150.00

Principal Place of Business

Mailing Address

1641 S. KIRKMAN ROAD
#191
ORLANDO FL 32811

1641 S. KIRKMAN ROAD
#191
ORLANDO FL 32811-2237

2. Principal Place of Business

2054 Torrey Dr.

3. Mailing Address

2054 Torrey Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number 59-3528565

Applied For
Not Applicable

Zip
32818

Country
USA

Zip
32818

Country
USA

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

6. Name and Address of Current Registered Agent

LUCAS, CLAUDIA
1641 S. KIRKMAN ROAD
#191
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name Lucas, Claudia
Street Address (P.O. Box Number is Not Acceptable)
2054 Torrey Dr.
City Orlando FL Zip Code 32818

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 Claudia Lucas, President Claudia Lucas
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/28/00
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 D ☐ Delete
NAME LUCAS, CLAUDIA
STREET ADDRESS 1641 S. KIRKMAN ROAD #191
CITY-ST-ZIP ORLANDO FL 32811

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME Lucas, Claudia
STREET ADDRESS 2054 Torrey Dr.
CITY-ST-ZIP Orlando FL 32818

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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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: Claudia Lucas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 (407) 886 2240
Date Daytime Phone #

CR2E034 (9/99)