

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**  
 05-02-2001 90093 036 \*\*\*150.00

0069112

**DOCUMENT # P98000071304**

1. Entity Name

**SPORTS PRIDE, INC.**

Principal Place of Business

Mailing Address

**2054 TORREY DR  
 ORLANDO FL 32818**

**2054 TORREY DR  
 ORLANDO FL 32818**

2. Principal Place of Business

**327 W. Main St.**

3. Mailing Address

**327 W. Main St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Apopka FL**

City & State

**Apopka FL**

4. FEI Number

**59-3528565**

Applied For

Not Applicable

Zip

**32712**

Country

**USA**

Zip

**32712**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LUCAS, CLAUDIA  
 2054 TORREY DR  
 ORLANDO FL 32818**

7. Name and Address of New Registered Agent

Name

**Lucas, Claudia**

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

**327 W. Main St.**

City

**Apopka**

**FL**

Zip Code

**32712**

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*

**Claudia Lucas, President**

**4/27/01**

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, 2001 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LUCAS, CLAUDIA</b>	
STREET ADDRESS	<b>2054 TORREY DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lucas, Claudia</b>	
STREET ADDRESS	<b>327 W. Main St.</b>	
CITY-ST-ZIP	<b>Apopka FL 32712</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

*Claudia Lucas*

**Claudia Lucas, President**

**4/27/01 (407)8862240**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)