

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098623

1. Entity Name  
SPORTS DIRECT 2000, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**  
05-01-2000 90364 004 \*\*\*150.00

Principal Place of Business  
309 EAST 119TH AVENUE  
TAMPA FL 33612

Mailing Address  
309 EAST 119TH AVENUE  
TAMPA FL 33612-5203



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3547906** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
JOYCE, JERRY L  
204 N. MACDILL  
TAMPA FL 33134

7. Name and Address of New Registered Agent  
Name **JERRY L JOYCE**  
Street Address (P.O. Box Number is Not Acceptable)  
**204 N MACDILL**  
City **TAMPA** FL Zip Code **33134**

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

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                      | PSTD                  | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HIGHTOWER, STEPHEN    |                                 | NAME  |  |   |
| STREET ADDRESS             | 309 EAST 119TH AVENUE |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | TAMPA FL 33612        |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | V                     | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HIGHTOWER, DIANA L    |                                 | NAME  |  |   |
| STREET ADDRESS             | 309 EAST 119TH AVENUE |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | TAMPA FL 33612        |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                       | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       |                                 | NAME  |  |   |
| STREET ADDRESS             |                       |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                       |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                       | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       |                                 | NAME  |  |   |
| STREET ADDRESS             |                       |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                       |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                       | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       |                                 | NAME  |  |   |
| STREET ADDRESS             |                       |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                       |                                 | CITY-ST-ZIP   |  |   |
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| NAME                       |                       |                                 | NAME  |  |   |
| STREET ADDRESS             |                       |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                       |                                 | 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: 4/26/00 813 931 3278  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)