

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006313

1. Entity Name

SONNYBOY SPORTS, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90185 049 \*\*\*150.00

Principal Place of Business

Mailing Address

6548 BURNHAM CIRCLE  
 PONTE VEDRA BEACH FL 32082

6548 BURNHAM CIRCLE  
 PONTE VEDRA BEACH FL 32082-2506

2. Principal Place of Business

933 N. 3rd Street

3. Mailing Address

933 N. 3rd St

Suite, Apt. #, etc.

Jacksonville Beach

Suite, Apt. #, etc.

City & State

Jax Beach, FL

City & State

Jax Beach FL

4. FEI Number

59-3553191

Applied For

Not Applicable

Zip

32250

Country

USA

Zip

32250

Country

USA

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

RAX CO.  
 MCGUIRE, WOODS, BATTLE & BOOTH LLP, 50 NO. LA  
 URA STREET, 3300 BARNETT CENTER  
 JACKSONVILLE FL 32201

Name

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

City

FL

Zip Code

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

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 ☐ Delete  
 NAME D  
 STREET ADDRESS KAPLAN, LEE S  
 CITY-ST-ZIP 6548 BURNHAM CIRCLE  
 PONTE VEDRA BEACH FL 32082

TITLE ☒ Change ☐ Addition  
 NAME President  
 STREET ADDRESS Kaplan, Lee  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS STRAMM, R. STEVE  
 CITY-ST-ZIP 6548 BURNHAM CIRCLE  
 PONTE VEDRA BEACH FL 32082

TITLE ☒ Change ☐ Addition  
 NAME Chief operating officer  
 STREET ADDRESS Stramm, Steve  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME Executive Vice President  
 STREET ADDRESS Shafer, Rich  
 CITY-ST-ZIP 245 North Wind Ct  
 Ponte Vedra Beach, FL 32082

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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:

*LEE KAPLAN*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

904 249-1919

Daytime Phone #

CR2ED34 (9/99)