

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011756

1. Entity Name

PROFESSIONAL SPORTS, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90011 008 ***150.00

Principal Place of Business

Mailing Address

4802 BEACH PARK DR.
TAMPA FL 33609

4802 BEACH PARK DR.
TAMPA FL 33609-3620

2. Principal Place of Business

100 W. Kennedy Blvd

3. Mailing Address

P.O. Box 1840

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 500

City & State

Tampa FL

City & State

Tampa FL

Zip

33602

Country

US

Zip

33601

Country

US

4. FEI Number

59-3571979

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

LUU23333



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALFITANO, MICHAEL D
4802 BEACH PARK DR.
TAMPA FL 33609

Name

Malfitano, Michael D

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

100 W. Kennedy Blvd,

Suite 500

City

Tampa

FL

Zip Code

33602

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 BRAUN, TERRANCE W
CITY-ST-ZIP 1392 AUDUBON BLVD.
DELRAY BEACH FL 33444

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

TITLE ☐ Delete
NAME CEO
STREET ADDRESS Malfitano, Michael D.
CITY-ST-ZIP 100 W. Kennedy Blvd, Suite 500
Tampa, FL 33602

TITLE ☐ Change ☒ Addition
NAME CEO
STREET ADDRESS Malfitano, Michael D
CITY-ST-ZIP 100 W. Kennedy Blvd, Suite 500
Tampa, FL 33602

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
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TITLE ☐ Delete
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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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael D. Malfitano
Michael D. Malfitano

2/7/00 (813) 223-3597

CR2E034 (9/99)