

2000 UNIFORM BUSINESS REPORT (UBR)

5.

DOCUMENT # P99000016533

1. Entity Name

GLOBAL SPORTS MARKETING, INC.

R

FILED
Jun 21, 2000 8:00 am
Secretary of State

05-15-2000 90297 028 ***158.75

Principal Place of Business

904 RAILROAD AVENUE
WINTER PARK FL 32789

Mailing Address

904 RAILROAD AVENUE
WINTER PARK FL 32789-2444

2. Principal Place of Business

3. Mailing Address

100 S. ORANGE AVE

100 S. ORANGE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300

300

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32801

Country

USA

Zip

32801

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3649179

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, ROBERT B ESQ.
524 SOUTH ANDREWS AVENUE
SUITE 200N
FORT LAUDERDALE FL 33301

Name

PETER QUILTY

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

100 S. ORANGE AVE

City

ORLANDO

FL

Zip Code

32801

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

Peter Quilty

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-26-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYZISK, HELMUT 904 RAILROAD AVENUE WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 S. ORANGE AVE ORLANDO FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

407-481-8900

Daytime Phone #

05-15-2000 90297 028 ***158.75