

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022579

1. Entity Name

SPORT SENSE, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90001 028 \*\*\*150.00

Principal Place of Business

1215 CRESTWOOD DR.  
DELRAY BEACH FL 33483

Mailing Address

1215 CRESTWOOD DR.  
DELRAY BEACH FL 33483-7211

2. Principal Place of Business

610 FOURTH FAIRWAY DRIVE

Suite, Apt. #, etc.

3. Mailing Address

610 FOURTH FAIRWAY DRIVE

Suite, Apt. #, etc.

City & State

ROSWELL GA.

City & State

ROSWELL GA.

4. FEI Number

650904447

Applied For

Not Applicable

Zip

30076

Country

USA

Zip

30076

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOLDENBERG, MICHAEL P  
1215 CRESTWOOD DR.  
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name

MICHAEL J. DELUCA

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

734 CAMINO GARDENS LANE

City

BOCA RATON

FL

Zip Code

33432

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.

MICHAEL J DELUCA

(NOTE: Registered Agent signature required when reinstating)

4/25/00

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

TITLE	EOP	<input type="checkbox"/> Delete
NAME	GOLDENBERG, MICHAEL P	
STREET ADDRESS	1215 CRESTWOOD DR.	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	CCS	<input type="checkbox"/> Delete
NAME	DELUCA, MICHAEL J	
STREET ADDRESS	1215 CRESTWOOD DR.	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
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	EOP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDENBERG, MICHAEL P.	
STREET ADDRESS	610 FOURTH FAIRWAY DRIVE	
CITY-ST-ZIP	ROSWELL GA. 30076	
TITLE	CCS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELUCA, MICHAEL J.	
STREET ADDRESS	734 CAMINO GARDENS LANE	
CITY-ST-ZIP	BOCA RATON, FL. 33432	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL P. GOLDENBERG

Date

4/13/00

770 650 9046

Daytime Phone #

CR2E034 (9/99)