## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P99000059956** May 30, 2000 8:00 am Secretary of State 1. Entity Name RACE & SPORTS, INC. 05-04-2000 90171 018 \*\*\*150.00 Mailing Address Principal Place of Business 2677 N. FEDERAL HIGHWAY 2677 N. FEDERAL HIGHWAY FT, LAUDERDALE FL 33306-1421 FT. LAUDERDALE FL 33306 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 0 9 37818 Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LABATE, MARK J Street Address (P.O. Box Number is Not Acceptable) 800 SOUTHEAST THIRD AVENUE SUITE 301 FT. LAUDERDALE FL 33316 City 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 DATE Signature, typed or ponted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing-\$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition ごろうがご ☐ Change ☐ Delete TITLE TITLE CHAPPIE, RANDY NAME NAME STREET ADDRESS 800 SE 3RD AVENUE SUITE 301 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERALE FL 33316 DOWNIE CHAPPIE 800 SE. BUL NUC SUTE 901 D 🛭 Delete TITLE CHAPPIE, MARK NAME STREET ADDRESS 800 SE 3RD AVENUE SUITE 301 STREET ADDRESS FT. LAW lendale, FL 93316 -CITY-ST-ZIP CITY-ST-ZIP FT LAUDERALE FL 33316 ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE NAME NAME STREET ADDRESS 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 attathment with an address, with all other like empowered. changed, or on an atta SIGNATURE AND TYPED OF PRINTED NAME OF SIGN Daytime Phone #