

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90051 021 \*\*\*150.00

**DOCUMENT # P99000070888**

1. Entity Name  
**SNEAKERS STADIUM, INC.**

Principal Place of Business  
**3617 CROWN PT. RD., SUITE 4**  
**JACKSONVILLE FL 32257**

Mailing Address  
**PO BOX 24668**  
**JACKSONVILLE FL 32241**  
**US**

2. Principal Place of Business  
**10750-8 Atlantic Blvd.**

3. Mailing Address  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Jacksonville, FL**

City & State  
 City & State

4. FEI Number **59-3594607** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HERNANDEZ, MEREDITH A**  
**3617 CROWN POINT RD**  
**SUITE 1**  
**JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent

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 *Meredith Allen Hernandez* **2/7/01**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when instituting) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERRA, ANTHONY L JR.		NAME	GUERRA, ANTHONY L JR	
STREET ADDRESS	P. O. BOX 24668		STREET ADDRESS	P.O. BOX 24668	
CITY-ST-ZIP	JACKSONVILLE FL 32241-4668		CITY-ST-ZIP	JACKSONVILLE, FL 32241-4668	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, MEREDITH A		NAME	HERNANDEZ, MEREDITH A.	
STREET ADDRESS	P. O. BOX 24668		STREET ADDRESS	P.O. BOX 24668	
CITY-ST-ZIP	JACKSONVILLE FL 32241-4668		CITY-ST-ZIP	JACKSONVILLE, FL 32241-4668	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRATT, GREGORY		NAME	PRATT, GREGORY	
STREET ADDRESS	P. O. BOX 24668		STREET ADDRESS	P.O. BOX 24668	
CITY-ST-ZIP	JACKSONVILLE FL 32241-4668		CITY-ST-ZIP	JACKSONVILLE, FL 32241-4668	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	PRATT, NICHOLAS D.	
STREET ADDRESS			STREET ADDRESS	P.O. BOX 24668	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE, FL 32241	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *GREGORY J. PRATT* **2/16/2001** **288**  
 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **8999**

CR2E034 (10/00)