

2000 UNIFORM BUSINESS REPORT (UBR)

1072

DOCUMENT # P99000071166

1. Entity Name

RIVAL SPORTS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 14 AM 6:21

Principal Place of Business

Mailing Address

1999 UNIVERSITY DRIVE
SUITE 104
CORALSPRINGS FL 33071

1999 UNIVERSITY DRIVE
SUITE 104
CORALSPRINGS FL 33071-6068

2. Principal Place of Business

3. Mailing Address

1999 UNIVERSITY DRIVE

1999 UNIVERSITY DRIVE

Suite Apt. #, etc.
SUITE 204

Suite Apt. #, etc.
SUITE 204

City & State
CORAL SPRINGS, FL 33071

City & State
CORAL SPRINGS, FL 33071

4. FEI Number
65-0943742

Applied For
Not Applicable

Zip
33071

Country
BROWARD

Zip
33071

Country
BROWARD

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROME, WADE
1999 UNIVERSITY DRIVE
SUITE 104
CORALSPRINGS FL 33071

Name
ROME, WADE

Street Address (P.O. Box Number is Not Acceptable)
1999 UNIVERSITY DRIVE

SUITE 204

City
CORAL SPRINGS

FL

Zip Code
33071

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
ROME, WADE
9751 N.W. 18TH STREET
CORAL SPRINGS, FL 33071

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500003401125--9
-09/22/00--01002--012
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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

8/23/00

Date

1-800-811-7238

Daytime Phone #

CR2E034 (9/99)

Attachment
P9900000
7/1/00



Radiology

August 23, 2000

Sean Toner
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Mr. Toner:

Please be advised that since January, 2000, Wade Rome has undergone extensive and continuous surgical procedures which have taken him out of his working schedule for prolonged periods of time.

As these procedures have rendered him incapacitated and unable to assume his work responsibilities as a small business owner; it is requested at this time that your office waive the penalties assessed with renewal.

Thank you for your attention and consideration of this matter.

Sincerely,

Fred Laufer, M.D.