

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000093148

1. Entity Name

The Athletes Group, Inc.

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90092 027 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10645 - 200 Phillips Highway
Suite, Apt. #, etc.

10645 - 200 Phillips Highway
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, Florida

City & State

JACKSONVILLE, Florida

4. FEI Number

59-3608934

Applied For

Not Applicable

Zip

32256

Country

Duval

Zip

32256

Country

Duval

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Jones, Richard J.

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

501 West Bay Street

City

JACKSONVILLE

FL

Zip Code

32202

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

NAME

STREET ADDRESS

CITY - ST - ZIP

*D
Adeeb, Joseph III
10645 - 200 Phillips Highway
JACKSONVILLE, FL 32256*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe Adeeb

4/24/02
Date

904-880-8310
Daytime Phone #