

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S02856

1. Entity Name

SPORT IT, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90029 049 \*\*\*150.00

Principal Place of Business

1660 TRADE CENTER WAY  
SUITE 4  
NAPLES FL 34109  
US

Mailing Address

6082 10TH AVE SW Cedar Tree Lane  
NAPLES FL 34116-5408  
US

2. Principal Place of Business

Same

3. Mailing Address

6082 Cedar Tree Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Naples, FL

4. FEI Number

41-1512224

Applied For

Not Applicable

Zip

Country

Zip

Country

34116

USA

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

EASTMAN, RONALD C  
6082 10TH AVENUE SW Cedar Tree Lane  
NAPLES FL 34116

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

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 ☐ Delete  
NAME EASTMAN, RONALD C  
STREET ADDRESS 6082 10TH AVE SW Cedar Tree Lane  
CITY-ST-ZIP NAPLES FL 34116

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

TITLE ☐ Delete  
NAME EASTMAN, JULIE M  
STREET ADDRESS 6082 10TH AVE SW Cedar Tree Lane  
CITY-ST-ZIP NAPLES FL 34116

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

TITLE ☐ Delete  
NAME EASTMAN, JOANNE H.  
STREET ADDRESS 6082 10TH AVE SW Cedar Tree Lane  
CITY-ST-ZIP NAPLES FL 34116

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 a power like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/99

941-596-0444

CR2E034 (9/99)