## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **\$48831** Apr 25, 2000 8:00 am Secretary of State SPORT CONSTRUCTION CO. 04-25-2000 90131 032 \*\*\*150.00 Mailing Address Principal Place of Business 100 ANCHOR DR. 100 ANCHOR DR KEY LARGO FL 33037-5277 KEY LARGO FL 33037 3. Mailing Address 2. Principal Place of Business Dockside lane Dockside DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc DmB Applied For Çity & State 4. FEI Number 65-0258080 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 1 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPORT, WILLIAM A (P.O. Box Number is Not Acceptable 100 ANCHOR DR #485 KEY LARGO FL 33037 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. d when reinstating) 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) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 ☐ Change · ☐ Addition D TITLE TITLE ☐ Delete SPORT, WILLIAM A. NAME NAME STREET ADDRESS STREET ADDRESS 100 ANCHOR DR #485 CITY-ST-ZIP CITY-ST-7IP KEY LARGO FL 33037 Change Addition TITLE ☐ Delete TITLE SPORT, BRENDA P. NAME STREET ADDRESS STREET ADDRESS 100 ANCHOR DR #485 CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 Change ☐ Addition PSD ☐ Delete TITLE TITLE NAME GENTILE, ANDREA NAME STREET ADDRESS STREET ADDRESS 28 B MARTIN LANE CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 Change ☐ Addition TITLE ☐ Delete NAME LANE, JAMES STREET ADDRESS STREET ADDRESS 706 BARCELONA RD CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS in the second of the CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE CHORLES AND THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP

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

1/18/00 3053674/17 Date Daytime Phone #