

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90032 040 \*\*\*150.00

**DOCUMENT # S91043**

1. Entity Name

**BRUNNER'S SPORTS, INC.**

Principal Place of Business

Mailing Address

C/O A C CARBONE CPA  
 1001 W CYPRESS CREEK RD #403  
 FT LAUDERDALE FL 33309  
 US

C/O A C CARBONE CPA  
 1001 W CYPRESS CREEK RD #403  
 FT LAUDERDALE FL 33309-1951  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2880 N.E. 23<sup>RD</sup> PLACE**

3. Mailing Address

**% A.C. CARBONE, CPA**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1600 S. FEDERAL HWY # 900**

City & State

**POMPANO BEACH, FL**

City & State

**POMPANO BEACH, FL**

4. FEI Number

**65-0294867**

Applied For

Not Applicable

Zip

**33062**

Country

**U.S.A.**

Zip

**33062**

Country

**U.S.A.**

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

**MAHON, TIMOTHY K.  
 2929 E COMMERCIAL BLVD  
 PH "E"  
 FT LAUDERDALE FL 33308**

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.

**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 **PD BRUNNER, DIONYS S.**  
 STREET ADDRESS **3930 NW 23 CT**  
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE  Change  Addition  
 NAME **PD BRUNNER, DIONYS S.**  
 STREET ADDRESS **2880 N.E. 23<sup>RD</sup> PLACE**  
 CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE  Delete  
 NAME **DS BRUNNER-SAREDI, LILIANA**  
 STREET ADDRESS **3930 NW 23 CT**  
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE  Change  Addition  
 NAME **DS BRUNNER-SAREDI, LILIANA**  
 STREET ADDRESS **2880 N.E. 23<sup>RD</sup> PLACE**  
 CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  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

**3/1/00**

Date

Daytime Phone #

CR2E034 (9/99)