

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008486

1. Entity Name

1000 SPORTS COMPANY

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90562 005 \*\*\*150.00

Principal Place of Business

Mailing Address

1809 BONNEVILLE DR.  
 ORLANDO FL 32826

1809 BONNEVILLE DR.  
 ORLANDO FL 32826-4809

2. Principal Place of Business

3. Mailing Address

1809 Bonnevillle Dr

1809 Bonnevillle Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

Applied For

Not Applicable

Zip

32826

Country

USA

Zip

32826

Country

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

O'NEILL, MICHAEL H  
 1809 BONNEVILLE DR.  
 ORLANDO FL 32826

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

Michael H. O'Neill

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 D  
 STREET ADDRESS O'NEILL, MICHAEL H  
 CITY-ST-ZIP 1809 BONNEVILLE DR.  
 ORLANDO FL 32826

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  
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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 all other like empowered.

SIGNATURE:

Michael H. O'Neill

Michael H. O'Neill

4-23-00

407-277-4820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)