



9. For whom have you served as an athlete agent in the past 5 (five) years:

Name	Sport	Last Known Team

10. If the applicant's business is not a corporation, list the names and addresses of the partners, members, officers, managers, or profit-sharers of the business:

Name	Address	City	State	ZIP
Jonah Baize	709 Pinnacle Drive	Iron Station	NC	28080

11. If the business employing the applicant is a corporation, list the names and addresses of the officers, directors, and any shareholder of the corporation having a five percent interest or greater.

Name	Address	City	State	ZIP

12. Have you or anyone listed in questions 10 or 11 been convicted of a crime, that in South Dakota, would be considered a crime of moral turpitude or a felony?  Yes  No

If yes please identify the crime: \_\_\_\_\_

13. Have you or anyone listed in questions 10 or 11 been administratively or judicially determined to have made false, misleading, deceptive or fraudulent representations?  Yes  No

14. Has your conduct or that of anyone listed in questions 10 or 11 resulted in the imposition of a sanction, suspension, or declaration of ineligibility to participate in an interscholastic or intercollegiate athletic event on a student athlete or educational institution?  Yes  No

15. Have you or anyone listed in questions 10 or 11 had any sanction, suspension or disciplinary action taken against you / them because of occupational or professional conduct?  Yes  No

16. Have you or anyone listed in questions 10 or 11 ever been denied an application for, suspension or revocation of, or refusal to renew the athlete agents registration or licensure?  Yes  No

Attach additional pages as needed when there is insufficient room to fully complete a question.

I declare under penalty of perjury, under the laws of the State of South Dakota, that all statements contained in this application and any accompanying documents are true and correct.

Dated 03/05/2024

  
(Signature of Applicant)

Trevor Booker  
(Printed Name)

**State of Florida**  
**Department of Business and Professional Regulation**  
**Division of Professions: Athlete Agents**  
**Application for Licensure as an Athlete Agent**  
**Form # DBPR AA-4101**

**APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.**

APPLICATION	APPLICATION REQUIREMENTS
Application for Licensure as an Athlete Agent	<input type="checkbox"/> Fee of \$630. Make check payable to the Florida Department of Business and Professional Regulation. <input type="checkbox"/> Completed form DBPR AA-4101 - Application for Licensure as an Athlete Agent. <input type="checkbox"/> Electronic fingerprints. <input type="checkbox"/> Supporting legal documentation (if applicable). See Section 2(b) of Instructions.
Reinstatement from Null and Void	<input type="checkbox"/> Fee of \$505. Make check payable to the Florida Department of Business and Professional Regulation. <input type="checkbox"/> Electronic fingerprints. <input type="checkbox"/> Provide an explanation of illness or economic hardship that prevented renewal and any documents you wish to provide to support your claim of hardship.

**Please mail your completed application, documentation and required fee(s) to:**  
 Department of Business and Professional Regulation  
 2601 Blair Stone Road  
 Tallahassee, FL 32399-0783

**Instructions**

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.*

**1. General Requirements for Athlete Agent License**

- a. Applicant must be at least 18 years of age.
- b. Applicant must submit electronic fingerprints.
  - i. Electronic fingerprinting is available at various convenient sites throughout the state. See [http://www.myfloridalicense.com/dbpr/servop/testing/documents/finger\\_faq.pdf](http://www.myfloridalicense.com/dbpr/servop/testing/documents/finger_faq.pdf) for more information.
- c. If you are an applicant who holds a certificate, license or registration as an Athlete Agent in another state you may submit a copy of the application and certificate in lieu of this application if the application to the other state was submitted in the other state within six months preceding the submission of the application in Florida and the applicant certifies that the information contained in the application is current; contains information substantially similar to or more comprehensive than that required in an application submitted in Florida; and was signed by the applicant under penalty and perjury. You must also submit a fee in the amount of \$880 and electronic fingerprints.

**2. Application Instructions (by section)**

- a. **Section I-Transaction Type**
  - i. Check application type.
  - ii. If you are applying for reinstatement from null and void, provide a detailed explanation for your illness or undue hardship that prevented renewal. Provide your previous license number.
- b. **Section II- Applicant Information**
  - i. Fill out each section completely. A Social Security number is required in order to apply for any individual license within the Department of Business and Professional Regulation.

- ii. In the Full Legal Name section provide your full legal name as it appears on your Social Security card. Do not use any nicknames or initials. Please list any aliases or prior names in the Prior Name information section.
  - iii. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
  - iv. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.
  - v. Applicants are required to provide at least one physical address – i.e., not a P.O. Box. If the mailing address is not also your physical address, please provide a physical address.
  - vi. Applicant's addresses are used only for Department purposes and will not be printed on the license.
  - vii. Additional contact information is optional and will be used when the applicant cannot be reached using their primary contact information.
  - viii. Applicants must provide information on current or prior licenses held in Florida or any other state, territory, or jurisdiction of the United States or in any foreign national jurisdiction.
  - ix. Applicants must provide information on any prior names or aliases used by applicant. If the name on supporting documentation does not match the applicant's legal name, the alias used in the supporting documentation must be provided in this section. Failure to do so will result in a deficient application.
- c. Section III (a), (b), and (c)- Background Questions**
- i. Applicants must submit answers to each of the background questions.
  - ii. Question 1:
    - (1) If you answer "yes" to this question, you must complete Section III (b) [*make additional copies as necessary*] of the application and provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied. **You must supply this documentation for each occurrence.** If you are unable to supply this documentation, a certified statement from the Clerk of Court for the relevant jurisdiction stating the status of records is required.
    - (2) If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.
  - iii. Question 2:
    - (1) If you answer "yes" to this question, you must complete Section III (c) [*make additional copies as necessary*] of the application and provide a copy of the judgment or decree. You must also supply documentation proving all sanctions have been served and satisfied, or if not, stating the current status of any proceedings.
  - iv. Question 3:
    - (1) If you answer "yes" to this question, you must complete Section III (c) [*make additional copies as necessary*] of the application and supply copies of documentation explaining the denial or pending action.
  - v. Question 4:
    - (1) If you answer "yes" to this question, you must complete Section III (c) [*make additional copies as necessary*] of the application and supply copies of the order(s) showing the disciplinary action taken against the license, or documentation showing the status of the pending action.
- d. Section IV – Explanation of Illness or Economic Hardship**
- i. For applicants applying for reinstatement of a null and void license, provide a detailed explanation of illness or economic hardship that prevented renewal. Attach any documents you wish to provide to support your claim of hardship.
- e. Section V- Affirmation by Written Declaration**
- i. Please read and sign the affirmation by written declaration.
  - ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

State of Florida  
 Department of Business and Professional Regulation  
 Division of Professions: Athlete Agents  
 Application for Licensure as an Athlete Agent  
 Form # DBPR AA-4101

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.  
**For additional information see the instructions at the beginning of this application.**

**Section I – Application Type**

CHECK ONE OF THE APPLICATION TYPES	
<input checked="" type="checkbox"/>	Athlete Agent Initial License [6001/1030]
<input type="checkbox"/>	Athlete Agent Reinstatement from Null and Void [6001/1033] Previous License No.: _____

**Section II – Applicant Information**

APPLICANT INFORMATION			
Social Security Number* 251696507			
FULL LEGAL NAME			
Last/Surname	First	Middle	Suffix
Booker	Trevor		
Birth Date (MM/DD/YYYY)		Gender	
11	/ 25	/ 1987	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
MAILING ADDRESS			
Street Address or P.O. Box 3733 Prosperity Church Rd			
City		State	Zip Code (+4 optional)
Charlotte		NC	28269
County (if Florida address)		Country	
		USA	
CONTACT INFORMATION			
Primary Phone Number		Primary E-Mail Address	
(202) 441-0184		tbooker@jbfitzgerald.com	
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)			
Street Address			
City		State	Zip Code (+4 optional)
County (if Florida address)		Country	
ADDITIONAL CONTACT INFORMATION (OPTIONAL)			
Alternate Phone Number		Fax Number	
Alternate E-Mail Address			

\* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.



**Section II – Applicant Information – continued**

<b>CURRENT/PRIOR LICENSE INFORMATION</b>			
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list each one below (attach additional copies of this page as necessary):			
1. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
2. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
3. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
<b>PRIOR NAME INFORMATION</b>			
Have you used, been known as, or are currently known by another name (e.g., maiden name or nickname) or alias other than the name signed to the application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If your answer is yes, state name or names used below:			
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix

**Section III – Background Questions**

BACKGROUND QUESTIONS			
1.	<input type="checkbox"/> Yes (If yes, please complete Section III (b))	<input checked="" type="checkbox"/> No	Have you ever been convicted or found guilty of, or entered a plea of nolo contendere or guilty to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2.	<input type="checkbox"/> Yes (If yes, please complete Section III (c))	<input checked="" type="checkbox"/> No	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, related to the practice or profession for which you are applying, or is there any such case or investigation pending?
3.	<input type="checkbox"/> Yes (If yes, please complete Section III (c))	<input checked="" type="checkbox"/> No	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4.	<input type="checkbox"/> Yes (If yes, please complete Section III (c))	<input checked="" type="checkbox"/> No	Has any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to any question in questions 1-4 above, please refer to Section 2(b) of Instructions for detailed instructions for providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section III (b) for your response to question 1, and complete Section III (c) for your response to questions 2 through 4. If you have more than two offenses to document in Section III (b), or more than one offense to document in Section III(c), attach additional pages as necessary.

**Section III (b) – Explanation(s) for Background Question 1**

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	







Ron DeSantis, Governor



Melanie S. Griffin, Secretary



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**OFFICE OF ATHLETE AGENTS**

THE ATHLETE AGENT HEREIN IS LICENSED UNDER THE  
PROVISIONS OF CHAPTER 468, FLORIDA STATUTES



**BOOKER, TREVOR**

3733 PROSPERITY CHURCH RD  
CHARLOTTE NC 28269

**LICENSE NUMBER: AG1606**

**EXPIRATION DATE: MAY 31, 2026**

Always verify licenses online at [MyFloridaLicense.com](http://MyFloridaLicense.com)



ISSUED: 02/21/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



SOUTH DAKOTA  
DEPT. OF **LABOR**  
& **REGULATION**

**RECEIVED**

APR 18 2024

SD Secretary of State

April 17, 2024

Trevor Booker  
Seros Partners LLC  
270 Car Farm Rd, Suite 200  
Lincolnton, NC 26092

Attached is your South Dakota Athlete Agent certificate.

No such certificate shall be transferred to or used by any other person or business entity other than the person or business entity to whom the certificate was issued.

Services are subject to sale tax in South Dakota. If you are providing your service in South Dakota, you need to apply for a SD Sales Tax license. Please visit the South Dakota Department of Revenue website at dor.sd.gov.

State of South Dakota  
Department of Labor and Regulation

**TREVOR BOOKER**

Seros Partners LLC  
270 Car Farm Rd, Suite 200  
Lincolnton, NC 26092

Has been registered by the SD Department of Labor and Regulation as an

**ATHLETE AGENT**

Effective: 04/17/2024

EXPIRATION: 04/16/2026

Marcia Hultman,  
Secretary of Labor & Regulation

This certificate is non-transferable to any other person or entity other than to whom the certificate was issued.