

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000601

1. Entity Name

MASTERS OF MAGIC, LTD.

Principal Place of Business

671 WEST FRONT STREET, SUITE 210  
CELEBRATION FL 34747

Mailing Address

671 WEST FRONT STREET, SUITE 210  
CELEBRATION FL 34747

2. Principal Place of Business

Suite, Apt. #, etc.

Suite 220

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

Suite 220

City & State

Zip

Country

APPROVED  
AND  
FILED

02 MAR 18 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

4. FEI Number

59-3668114

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, OCTAVIO

671 WEST FRONT STREET, SUITE 210 220  
CELEBRATION FL 34747

7. Name and Address of New Registered Agent

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.

DATE

9. Capital Contributions  
as Shown on record.

\$1,250,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P00000035928  
NAME MASTERS OF MAGIC, INC.  
STREET ADDRESS 671 WEST FRONT STREET, SUITE 210  
CITY-ST-ZIP CELEBRATION FL 34747

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Suite 220

800005172978--0  
-03/27/02--01088--002  
\*\*\*\*535.00 \*\*\*\*535.00

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/7/02 407-566-1245

Date Daytime Phone #

0016246  
AT

CR2E003 (9/01)

STAPLE CHECK HERE