

# 2002 UNIFORM BUSINESS REPORT (UBR)

0001047 AT

DOCUMENT # **A01000001662**

1. Entity Name  
**POWER PLAY SPORTS & ENTERTAINMENT, LTD.**

**FILED**

**02 OCT 24 AM 8:50**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business  
**2655 NORTH OCEAN DRIVE  
SUITE 500  
SINGER ISLAND FL 33404**

Mailing Address  
**2655 NORTH OCEAN DRIVE  
SUITE 500  
SINGER ISLAND FL 33404**

2. Principal Place of Business  
**American Heritage Entt**

3. Mailing Address  
**2655 N.Ocean Drive**

Suite, Apt. #, etc.  
**Suite 500**

Suite, Apt. #, etc.  
**Suite 500**

City & State  
**Singer Island FL**

City & State  
**Singer Island FL**

Zip  
**Singer Island FL**

Country  
**Singer Island FL**

Zip  
**Singer Island FL**

Country  
**Singer Island FL**

**DUE BY SEPTEMBER 25, 2002**

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**FILDES, RICHARD J  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$990.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000118609 POWER PLAY FUND I, INC. 2655 NORTH OCEAN DRIVE SINGER ISLAND FL 33404	STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	8000008563878 10/24/02--01026--004 **650.00
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STREET ADDRESS			
CITY-ST-ZIP			

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 REQUIRED WITH* **9/24/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (4/02)