

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A20821**

1. Entity Name

TAMiami SPORTS ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 10 PM 12:58



DO NOT WRITE IN THIS SPACE

MJH

Principal Place of Business

1937 GOLF ST.
SARASOTA FL 33236

Mailing Address

1937 GOLF ST.
SARASOTA FL 34236-6907

2. Principal Place of Business

200 S. Washington Blvd

3. Mailing Address

200 S. Washington Blvd

Suite, Apt. #, etc.

Suite 8

Suite, Apt. #, etc.

Suite 8

City & State

Sarasota, FL

City & State

Sarasota, Florida

4. FEI Number

58-2584638

Applied For

Not Applicable

Zip

34236

Country

USA

Zip

34236

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLIVIERI, N.J.

1937 GOLF STREET 200 S. Washington Blvd, Suite 8
SARASOTA FL 34236

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$137,000.00

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 #

NAME

STREET ADDRESS

CITY - ST - ZIP

OLIVIERI, N.J.
1937 GOLF ST 200 S. Washington Blvd, Suite 8
SARASOTA FL 34236

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

H20133
GIRASOL, INC.
240 PINEAPPLE AVE 10TH FLOOR
SARASOTA FL 34236

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)