

# 2000 UNIFORM BUSINESS REPORT (UBR)

2013240 AF

**DOCUMENT # A31628**  
 1. Entity Name  
**ORLANDO PREDATORS, LIMITED PARTNERSHIP**

Principal Place of Business: **603 MAIN STREET WINDERMERE FL 34786 US**  
 Mailing Address: **P.O. BOX 1100 WINDERMERE FL 34786-1100 US**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

**FILED**  
**00 FEB 16 PM 2:07**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-3060456** Applied For:  Not Applicable:

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

**6. Name and Address of Current Registered Agent**  
**BARKMAN, KEVIN**  
**603 MAIN STREET**  
**WINDERMERE FL 34786**

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

9. Capital Contributions as Shown on record: **\$300,010.00**  
 10. Amount of Capital Contributions in FLORIDA to date: **-0-**  
 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 #	V50877	STREET ADDRESS	
NAME	FIFTY SPORTS, INC.	CITY - ST - ZIP	700003156427--4
STREET ADDRESS	603 MAIN ST.		<del>03/03/00</del> <del>01063</del> <del>015</del>
CITY - ST - ZIP	WINDERMERE FL		****141.25 ****141.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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:** BY: [Signature] **2-2-00** **407-876-2200**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)