


2002 UNIFORM BUSINESS REPORT (UBR)

0006000 AT

DOCUMENT # A92000000275

1. Entity Name
KICKOFF PARTNERS, LTD.

FILED
02 APR 24 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Principal Place of Business
ONE ALLTEL STADIUM PLACE
JACKSONVILLE FL 32216

Mailing Address
ONE ALLTEL STADIUM PLACE
JACKSONVILLE FL 32216

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DUE BY MAY 1, 2002

4. FEI Number **59-3205911**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
WEAVER, J. WAYNE
ONE ALLTEL STADIUM PLACE
JACKSONVILLE FL 32216

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 _____ **DATE** _____
 Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions **\$33,119,994.00** **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 #	WEAVER, J W ONE ALLTEL STADIUM PLACE JACKSONVILLE FL 32202		STREET ADDRESS	300005395503--2 -04/30/02--01078--015 ****526.25 ****526.25
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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:  **4-22-02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)