

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000909**

1. Entity Name

**LIGHTNING PROPERTIES, LTD.**

Principal Place of Business

**401 CHANNELSIDE DRIVE  
TAMPA FL 33602**

Mailing Address

**401 CHANNELSIDE DRIVE  
TAMPA FL 33602**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3253030**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGEEHEE, WILLIAM R JR.  
401 CHANNELSIDE DRIVE  
TAMPA FL 33602**

Name

**Hugh Lombardi**

Street Address (P.O. Box Number is Not Acceptable)

**401 Channelside Drive**

City

**Tampa**

**FL**

Zip Code  
**33602**

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

*Hugh J. Lombardi*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**8/4/00**

9. Capital Contributions  
as Shown on record.

**\$990,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000004710**  
NAME **ALW SPORTS MANAGEMENT, INC.**  
STREET ADDRESS **277 ROYAL POINCIANA WAY, STE. 135**  
CITY-ST-ZIP **PALM BEACH FL 33480**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**600003359846--1**  
**-08/17/00--01001--008**  
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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

**Ronald J. Campbell, President**

SIGNATURE:

*Ronald J. Campbell*  
**Signature Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (5/00)

FILED

00 AUG -9 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE