

# 2000 UNIFORM BUSINESS REPORT (UBR)

002278 AF

**DOCUMENT # A95000000709**

1. Entity Name  
**NORTH AMERICAN SPORTS MANAGEMENT, MICHIGAN, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 17 AM 10:32

Principal Place of Business <b>1551 SANDSPUR ROAD MAITLAND FL 32751</b>	Mailing Address <b>P.O. BOX 4961 ORLANDO FL 32802-4961</b>
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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 <b>59-3317664</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FLA., INC  
390 N. ORANGE AVENUE, SUITE 1100  
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.

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

9. Capital Contributions as Shown on record. <b>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # **P93000005460**

NAME **NORTH AMERICAN SPORTS MANAGEMENT, INC.**

STREET ADDRESS **1551 SANDSPUR ROAD**

CITY - ST - ZIP **MAITLAND FL 32751**

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	<b>500003151145-9</b>
STREET ADDRESS	<b>-02/29/00--01031--008</b>
CITY - ST - ZIP	<b>****148.25 ****148.25</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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

**NORTH AMERICAN SPORTS MANAGEMENT, INC.**

SIGNATURE: **SIGNATURE REQUIRED** **2-11-00** **407/741-8500**

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ALAN H. GINSBURG, DIRECTOR

CR2E003 (9/99)