

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001522**

1. Entity Name

ORLANDO MIRACLE, LTD.

FILED

02 FEB 18 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

8701 MAITLAND SUMMIT BLVD.
ORLANDO FL 32810

Mailing Address

P.O. BOX 4000
ORLANDO FL 32802-4000

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

59-3519169

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

DATE

9. Capital Contributions
as Shown on record.

\$20,000,000.00

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 # **P35911**
NAME **RDV SPORTS, INC.**
STREET ADDRESS **126 OTTAWA AVENUE, NW, SUITE 500**
CITY-ST-ZIP **GRAND RAPIDS MI 49503**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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DOCUMENT #
NAME
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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/12/02 407-916-2486

Date

Daytime Phone #

CR2E003 (9/01)

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

02 FEB 18 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A0100000319

1. Entity Name

JSDFLP, LLLP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3301 N.E. 58th Street

Suite, Apt. #, etc.

3. Mailing Address

3301 N.E. 58th Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

Ft. Lauderdale, Florida

City & State

Ft. Lauderdale, Florida

4. FEI Number

59-3706146

Applied For

Not Applicable

Zip

33308

Country

USA

Zip

33308

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Barry A. Nelson, Esq., c/o Nelson & Levine, P.A.

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

2775 Sunny Isles Boulevard

Suite 118

City

North Miami Beach

FL

Zip Code

33160

**DO NOT WRITE
IN THIS SPACE**

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]

Signature, typed or printed name of registered agent and fee if applicable.

DATE

2/8/02

9. Capital Contributions

as Shown on record, 4,000,000

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 #

P01000020466

NAME

JSD Family Holdings, Inc.

STREET ADDRESS

3301 N.E. 58th Street

CITY- ST- ZIP

Ft. Lauderdale, FL 33308

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY- ST- ZIP

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CITY- ST- ZIP

DOCUMENT #

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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)(l), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JEFFREY S. DENNIS

2/5/02

9544918040

Date

Signature Phone #

CR2E003B (12/01)

STAPLE CHECK HERE