

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90272 045 \*\*\*150.00

740556



DO NOT WRITE IN THIS SPACE

**DOCUMENT # F99000002178**

1. Entity Name

**PALACE SPORTS & ENTERTAINMENT, INC.**

Principal Place of Business

Mailing Address

**TWO CHAMPIONSHIP DRIVE  
AUBURN HILLS MI 48326****TWO CHAMPIONSHIP DRIVE  
AUBURN HILLS MI 48326-1753**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**38-2670394**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HILL, WARD & HENDERSON  
ATTN: LARRY SMITH  
101 E. KENNEDY BLVD. SUITE 3700 BARNETT PL  
TAMPA FL 33602**

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 *John T. O'Reilly*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	WILSON, THOMAS S	TWO CHAMPIONSHIP DRIVE	AUBURN HILLS MI 48326	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VT	CAMPBELL, RONALD J	TWO CHAMPIONSHIP DRIVE	AUBURN HILLS MI 48326	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	GREENFIELD, SUSAN L	TWO CHAMPIONSHIP DRIVE	AUBURN HILLS MI 48326	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
C	SOSNICK, ROBERT	20500 CIVIC CENTER DRIVE SUITE 3000	SOUTHFIELD MI 48027	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
C	HEMMEIN, BRIAN	20500 CIVIC CENTER DRIVE SUITE 3000	SOUTHFIELD MI 48027	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VC	FELDMAN, OSCAR	32270 TELEGRAPH ROAD SUITE 2002	BIRMINGHAM MI 48025	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John T. O'Reilly*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/00 248-377-0171