

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K69702

1. Entity Name

SPORTS MAGIC TEAM, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90112 010 ***150.00

Principal Place of Business

807 SOUTH ORLANDO AVE.
SUITE "N"
WINTER PARK FL 32789
US

Mailing Address

807 S. ORLANDO AVE
STE N
WINTER PK FL 32789-4870
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2934004

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

GLANCEY, TIM
2929 ALAMO DR
ORLANDO FL 32817

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.

(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
P	GLANCEY, TIM	2929 ALAMO DR	ORLANDO FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VP	ROTZ, STEVEN	1250 S DENNING DR., #101	WINTER PARK FL 32789	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DOA	TRACY, WENDY	621 N. CATHCART #5	ORLANDO FL 32803	<input type="checkbox"/> Delete		Wendy Wohleber			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DTO	MULVIHILL, JOSEPH	4025 ORKNEY AVE	ORLANDO FL 32809	<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DOP	WELKER, CAROL	1327 STETSON ST.	ORLANDO FL 32804	<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DTO	Joe Ginel	5020 Old Kerry Dr.	Orlando FL 32837	<input type="checkbox"/> Delete		Joe Ginel	5020 Old Kerry Dr.	Orlando FL 32837	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/2000

Date

407-647-1110

Daytime Phone #

CR2E034 (9/99)