

2001 UNIFORM BUSINESS REPORT (UBR)

0029676 AF

DOCUMENT # L00000000761

1. Entity Name
PRO LINKS SPORTS, LLC

FILED

01 AUG -6 AM 8:47

Principal Place of Business
8990 SPRINGBROOK DRIVE, STE 120
COON RAPIDS MN 55448

Mailing Address
8990 SPRINGBROOK DRIVE, STE 120
COON RAPIDS MN 55448

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
11500 N. STEMMONS
Suite, Apt. #, etc.
106

3. Mailing Address
11500 N. STEMMONS
Suite, Apt. #, etc.
106

DO NOT WRITE IN THIS SPACE

City & State
DALLAS TX

City & State
DALLAS TX

4. FEI Number
41-1903314

Applied For
Not Applicable

Zip
75229 Country
USA

Zip
75229 Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~KIERNAN, ED~~ GREG AUNE
13902 NORTH DALE MABRY, STE 122
TAMPA FL 33618

Name
GREG AUNE

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 *Greg Aune CEO*

4-30-01

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CED
GREG AUNE
11500 N. STEMMONS, SUITE 106
DALLAS, TX 75229 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT & EXECUTIVE DIRECTOR
HOLLIS GAVNER
11074 RADISSON ROAD
BLAINE, MN 55449 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EXECUTIVE VICE-PRESIDENT
TRACY WEST
1861 SUDBURY ROAD
CONCORD, MA 01742 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300004524923--9
-08/08/01--01090--017
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Greg Aune*

4/30/01 972-304-5150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0029676 (11/01)