

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004980

1. Entity Name

PINNACLE SPORTS MANAGEMENT, L.L.C.

FILED

01 JAN 22 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

17222 ALICO CENTER ROAD, UNIT 3
FORT MYERS FL 33912

Mailing Address

17222 ALICO CENTER ROAD, UNIT 3
FORT MYERS FL 33912

2. Principal Place of Business

Mailing Address

6291 METRO PLANTATION RD
FORT MYERS FL 33912

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FORT MYERS FL

FORT MYERS FL

Zip

Country

Zip

Country

33912

LEE

33912

LEE

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1012410

Applied For

Not Applicable

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

VOLPE, MICHAEL J ESQ.

% LAW OFFICES OF MICHAEL J. VOLPE, J.D.

1400 GULF SHORE BOULEVARD NORTH, SUITE 218

NAPLES FL 34102

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

Dennis MacFarlane DENNIS MACFARLANE

1/16/01

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

500003576855--0

-01/26/01--01070--005

*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10.

ADDITIONS / CHANGES

TITLE NAME MGR
STREET ADDRESS MACFARLANE, DENNIS
CITY-ST-ZIP 17222 ALICO CENTER ROAD, UNIT 3
FORT MYERS FL 33912 ☒ Delete

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

TITLE NAME PRESIDENT
STREET ADDRESS MACFARLANE, DENNIS
CITY-ST-ZIP 6291 METRO PLANTATION RD
FORT MYERS FL 33912 ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

Dennis MacFarlane DENNIS MACFARLANE

1/16/01

941-274
1294

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

Date

Daytime Phone #

CR2E083 (11/00)