

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005940

1. Entity Name

SIMULSPORTS ENTERTAINMENT, LLC

Principal Place of Business

Mailing Address

FILED

01 JUN 25 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

c/o Barry A. Diamond, Esquire
Suite, Apt. #, etc.

c/o Barry A. Diamond, Esq.
Suite, Apt. #, etc.

9728 W. Sample Road

9728 W. Sample Road

City & State
Coral Springs, Florida

City & State
Coral Springs, Florida

Zip
33065

Country
U.S.A.

Zip
33065

Country
U.S.A.

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Barry A. Diamond, Esquire
Barry A. Diamond, P.A.
9728 W. Sample Road
Coral Springs, Florida 33065

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

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
Manager/Member ☐ Delete
Steven A. Sadowsky
c/o 10605 NW 7th Court
Plantation, FL 33324

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager/Member ☐ Delete
Steven M. Buck
10605 NW 7th Court
Plantation, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500004463015--5
-07/06/01--01108--003
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager/Member ☐ Delete
Joe Cornblit
c/o-10605-NW 7th Court
Plantation, FL 33324

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

1. 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: X

Steven A. Sadowsky/Manager X

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

Date

Daytime Phone #

CR2E083 (11/00)