

2001 UNIFORM BUSINESS REPORT (UBR)

0016772 AF

DOCUMENT # L00000010459

1. Entity Name
D & M SPORTS PUB, L.L.C.

FILED

01 MAY -1 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7423 US HWY 301 SOUTH
RIVERVIEW FL 33569

Mailing Address
7423 US HWY 301 SOUTH
RIVERVIEW FL 33569



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1817 East Broadway (CR419)
Suite, Apt. #, etc.

3. Mailing Address
313 Cypress Gardens Blvd.
Suite, Apt. #, etc.

City & State
Oviedo, Florida

Zip

32765

Country
US

City & State
Winter Haven, Florida

Zip

33880

Country
US

4. FEI Number
59-3685303

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCKINNEY, LARRY D
11315 MCMULLEN LOOP
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name
Louis V. DeLeo
Street Address (P.O. Box Number is Not Acceptable)
313 Cypress Gardens Blvd.
City
Winter Haven FL Zip Code
33880

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 Louis V. DeLeo

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Operating Manager D & D Sports Concepts, Inc. 313 Cypress Gardens Boulevard Winter Haven, FL 33880	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Financial Manager D & D Sports Concepts, Inc. 313 Cypress Gardens Boulevard Winter Haven, FL 33880	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary McKinney Management Services, Inc. 11315 McMullen Loop Riverview, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300004271959-1 -05/18/01--01117--004 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Louis V. DeLeo

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

Date

Daytime Phone #

(863) 297-9464

CR2E083 (11/00)