

2002 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Feb 21, 2002 8:00 am
Secretary of State

01-23-2002 90081 009 *****50.00

DOCUMENT # L01000005811

1. Entity Name

MUNSEY SPORTS MANAGEMENT, L.L.C.

Principal Place of Business

**2560 RCA BLVD., SUITE #108
 PALM BEACH GARDENS FL 34410**

Mailing Address

**2560 RCA BLVD., SUITE #108
 PALM BEACH GARDENS FL 34410**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1092348

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

**DONTH, BERNARD J
 2560 RCA BLVD., SUITE #108
 PALM BEACH GARDENS FL 34410**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 JAMES M. MUNSEY, P.A.
 17 OLD LANDING ROAD
 DURHAM NH 03024** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 MURPHY, MICHAELS & SULLIVAN, PC
 1 LIBERTY SQUARE
 BOSTON MA 02109** ☐ Delete

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

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:

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

Date

Daytime Phone #

SIGNATURE REQUIRED
James M. Munsey 1-15-02 800 556 3034

CR2E083 (9/01)