

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L97000000049

1. Entity Name  
SPORTSLINK CONSULTING, L.C.

FILED

01 APR 23 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

545 DELANEY AVE.  
BLDG. #4  
ORLANDO FL 32801

Mailing Address

545 DELANEY AVE.  
BLDG. #4  
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3423584

Applied For  
Not Applicable

Zip Country

Zip Country

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

MOORMAN, DAVID J  
517 N. SUMMERLIN AVE.  
ORLANDO FL 32803

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 MGR MOORMAN, DAVID J ☐ Delete  
STREET ADDRESS 517 N. SUMMERLIN AVE.  
CITY-ST-ZIP ORLANDO FL 32803

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

TITLE NAME MEM LIMBAUGH, JAMES T JR ☐ Delete  
STREET ADDRESS 8952 SAVANNAH PARK  
CITY-ST-ZIP ORLANDO FL 32819

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

TITLE NAME MEM POLLEY, PAUL B ☐ Delete  
STREET ADDRESS 105 ROWAYTON AVE  
CITY-ST-ZIP ROWAYTON CT 06853

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

TITLE NAME MEM CELLANEN, PHILIP ☐ Delete  
STREET ADDRESS 105 ROWAYTON AVE  
CITY-ST-ZIP ROWAYTON CT 06853

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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

*James T. Limbaugh Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CEO

4/18/01

407-843-7979

Date

Daytime Phone #

CR2E083 (11/00)