

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000049

1. Entity Name

SPORTSLINK CONSULTING, L.C.

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90265 006 ****50.00

967045



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

Zip

Country

Zip

Country

4. FEI Number

59-3423584

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

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
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	MGR	MOORMAN, DAVID J	517 N. SUMMERLIN AVE. ORLANDO FL 32803	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MEM	LIMBAUGH, JAMES T JR	8952 SAVANNAH PARK ORLANDO FL 32819	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MEM	POLLEY, PAUL B	105 ROWAYTON AVE ROWAYTON CT 06853	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MEM	CELLANEN, PHILIP	105 ROWAYTON AVE ROWAYTON CT 06853	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E083 (9/01)

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:

David J. Moorman
SIGNATURE REQUIRED

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

Date

Daytime Phone #

4/30/02

407-843-7979