

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000933**

1. Entity Name.

**SPORTS PROPERTIES, L.C.**

Principal Place of Business

**14500 NORTH 46TH STREET  
TAMPA FL 33613**

Mailing Address

**14500 NORTH 46TH STREET  
TAMPA FL 33613**

2. Principal Place of Business

3. Mailing Address

**SPORTS PROPERTIES LLC**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1025 CHERRY ROAD 17**

City & State

City & State

**MEMPHIS TN 38**

Zip

Country

Zip

Country

**38117**

**SHELBY**

4. FEI Number

**62-1744637**

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

**LAGER, THOMAS W ESQ.  
MAGNOLIA OFFICE CENTER  
354 OFFICE PLAZA  
TALLAHASSEE FL 32301**

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 ☐ Delete  
NAME **MGR**  
STREET ADDRESS **MARTIN, R. BRAD**  
CITY-ST-ZIP **5810 SHELBY OAKS DRIVE  
MEMPHIS TN 38134**

TITLE ☒ Change ☐ Addition  
NAME **MGR**  
STREET ADDRESS **MARTIN, R. BRAD**  
CITY-ST-ZIP **1025 CHERRY ROAD  
MEMPHIS TN 38117**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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NAME  
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: **Brad Martin**

2/21/2001

901/937-2136

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

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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