

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AF

DOCUMENT # L98000001365

1. Entity Name
SPORTS TACTICS L.C.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5002 AUTUMN RIDGE COURT
WINDERMERE FL 34786

Mailing Address
P.O. BOX 1817
WINDERMERE FL 34786-1817



2. Principal Place of Business
11208 ROSE DOWN CT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MOM

DO NOT WRITE IN THIS SPACE

City & State
WINDERMERE FL

City & State

4. FEI Number
593531435

Applied For
Not Applicable

Zip
34786

Country
U.S.

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

HUMPHRIES, J. GREGORY
20 NORTH ORANGE AVE., SUITE 1000
ORLANDO FL 32801-4626

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
STREET ADDRESS
CITY-ST-ZIP
MGRM
KISSELBACK, ROBERT M
5002 AUTUMN RIDGE COURT
WINDERMERE FL 34786 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KISSELBACK, ROBERT M
11208 ROSE DOWN CT
WINDERMERE FL 34786 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 OR MANAGER

Date

Daytime Phone #

SIGNATURE REQUIRED
ROBERT M KISSELBACK 4/27/00 407832
1182

CR2EC83 (9/99)