

**LIMITED
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90047 019 ****50.00

DOCUMENT # **L 98000001365**

1. Entity Name

SPORTS TACTICS LC



DO NOT WRITE IN THIS SPACE

20058701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12860 JACOB GRACE CT

Suite, Apt. #, etc.

3. Mailing Address

C/O 12860 JACOB GRACE CT

Suite, Apt. #, etc.

DUE BY MAY 1

City & State

WINDERMERE FL

City & State

WINDERMERE FL

4. FEI Number

593531435

☒ Applied For

☐ Not Applicable

Zip
34786

Country
ORANGE

Zip
34786

Country
ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **HUMPHRIES J. GREGORY**

Street Address (P.O. Box Number is Not Acceptable)

300 S. ORANGE AVE

SUITE 1000

City **ORLANDO**

FL

Zip Code
32801

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record.

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME **MERM**
STREET ADDRESS **KISSELBACK, ROBERT M**
CITY - ST - ZIP **12860 JACOB GRACE CT**
WINDERMERE FL 34786

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE

R. KISSELBACK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/19/05
Date

8504453764
Telephone #

CR2E003B (12/02)

STAPLE CHECK HERE