

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-22-2002 90238 012 ****55.00

DOCUMENT # L99000009246

1. Entity Name

SPORTSTOWN USA, LLC

Principal Place of Business

**3125 U.S. ONE SOUTH, STE. A
 ST. AUGUSTINE FL 32086**

Mailing Address

**P.O. BOX 618
 ST AUGUSTINE FL 32085**

2. Principal Place of Business

3125 US One S, #A

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 618

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St. Augustine FL 32086

Zip

Country

USA

City & State

St. Augustine, FL

Zip

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PACETTI, CHARLES A
 3125 U.S. ONE SOUTH, STE. A
 ST. AUGUSTINE FL 32086**

7. Name and Address of New Registered Agent

Name

Terry W. Pacetti

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

3125 U.S. One South, Ste A

City

St Augustine

FL

Zip Code

32086

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

Terry W. Pacetti

4-12-02

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

TITLE **MGRM** ☒ Delete
 NAME **PACETTI, CHARLES A**
 STREET ADDRESS **P.O. BOX 618**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32085**

TITLE **MGRM** ☐ Delete
 NAME **PACETTI, TERRY W.**
 STREET ADDRESS **P.O. Box 618**
 CITY-ST-ZIP **St. Augustine, FL 32085**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 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:

Terry W. Pacetti

4-12-02

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

Date

Daytime Phone #

CR2E083 (9/01)