

# 2001 UNIFORM BUSINESS REPORT (UBR)

002722 AF

DOCUMENT # M99000001347

1. Entity Name  
DISSON-FURST-AND PARTNERS-LLC

*Tailwind Sports, LLC*

Principal Place of Business  
5901 WISCONSIN AVE., N.W., SUITE 325  
WASHINGTON DC 20015

Mailing Address  
5901 WISCONSIN AVE., N.W., SUITE 325  
WASHINGTON DC 20015

FILED

01 APR 23 PM 5:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
5515 Security Lane

Suite, Apt. #, etc.  
#1103

City & State  
Rockville, MD

Zip  
20852

Country  
Montgomery

3. Mailing Address  
5515 Security Lane

Suite, Apt. #, etc.  
#1103

City & State  
Rockville, MD

Zip  
20852

Country  
Montgomery

4. FEI Number 52-2158985

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

## 7. Name and Address of New Registered Agent

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

TITLE MGRM  
NAME DISSON, STEPHEN L ☒ Delete  
STREET ADDRESS 5301 WISCONSIN AVE., N.W., SUITE 325  
CITY-ST-ZIP WASHINGTON DC 20015

TITLE MGRM  
NAME FURST, ALLEN S ☐ Delete  
STREET ADDRESS 5301 WISCONSIN AVE., N.W., SUITE 325  
CITY-ST-ZIP WASHINGTON DC 20015

TITLE MGRM  
NAME GORSKI, MARK ☐ Delete  
STREET ADDRESS 600 MONTGOMERY STREET  
CITY-ST-ZIP SAN FRANCISCO CA 94111

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800004137163  
-05/04/01--01096--007  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
5515 Security Lane, #1103  
Rockville, MD 20852

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
One Harbor Drive, #200  
Sausalito, CA 94965

TITLE MGRM  
NAME Cindy Sisson  
STREET ADDRESS 135 Gasoline Alley  
CITY-ST-ZIP Mooresville, NC 28117

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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: *Allen S. Furst*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/3/01 240-221-0260

CR2E083 (11/00)