

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001817

1. Entity Name
PENSACOLA PROFESSIONAL FOOTBALL CLUB, LLC

APPROVED
AND
FILED

00 MAY 12 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1000 W. BAY STREET
JACKSONVILLE FL 32204

Mailing Address
1000 W. BAY STREET
JACKSONVILLE FL 32204-1504

2. Principal Place of Business
201 East Gregory Street - Rear
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PENSACOLA, FL
Zip
32501

Country
USA

City & State

Zip

Country

4. FEI Number

59-3594119

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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)

4/5/00
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
300003279443--7
-06/07/00--01818-013
*****50.00 *****50.00

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 REQUIRED Felix

4/5/00

205-452-8650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)