

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90004 049 \*\*\*\*61.25

**DOCUMENT # N95000003974**

1. Entity Name

**INNER-CITY GAMES OF ORLANDO, INC.**

Principal Place of Business

**ONE CITRUS BOWL PLACE  
 ORLANDO FL 32805**

Mailing Address

**ONE CITRUS BOWL PLACE  
 ORLANDO FL 32805**

**660502**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3313614**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ROUSH BURNETT, JEAN A  
 400 S. ORANGE AVE.  
 ORLANDO FL 32801~~

Name

**Donna Dowless**

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

**225 E Pine St., Ste. 355**

City

**Orlando**

FL

Zip Code

**32801**

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.

(NOT: Registered Agent signature required when reinstating)

DATE

*Donna Dowless*

**5/24/01**

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVC	<input type="checkbox"/> Delete
NAME	EARL, ROBERT	
STREET ADDRESS	7380 SAND LAKE RD., STE 650	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	ODS	<input type="checkbox"/> Delete
NAME	DOWLESS, DONNA	
STREET ADDRESS	225 E. ROBINSON ST., #355	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	HOOD, GLENDA E	
STREET ADDRESS	400 S. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEONHARDT, FRED	
STREET ADDRESS	201 E. PINE ST.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARL, ROBERT	
STREET ADDRESS	8669 COMMODITY CR.	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WYMAN, BETTY T.	
STREET ADDRESS	400 S. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Donna Dowless* SIGNATURE REQUIRED:

**5/24/01**

CR2E037 (10/00)