

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90001 022 \*\*\*\*70.00

**DOCUMENT # N95000003974**

1. Entity Name  
**INNER-CITY GAMES OF ORLANDO, INC.**

Principal Place of Business      Mailing Address  
**ONE CITRUS BOWL PLACE**      **ONE CITRUS BOWL PLACE**  
**ORLANDO FL 32805**              **ORLANDO FL 32805**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-3313614**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DOWLESS, DONNA**  
**225 E. PINE ST., STE 355**  
**ORLANDO FL 32801**

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

SIGNATURE *Donna Dowless*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

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	<b>DVC</b>	<input type="checkbox"/> Delete
NAME	<b>EARL, ROBERT</b>	
STREET ADDRESS	<b>8669 COMMODITY CR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE	<b>ODS</b>	<input type="checkbox"/> Delete
NAME	<b>DOWLESS, DONNA</b>	
STREET ADDRESS	<b>225 E. ROBINSON ST., #355</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LEONHARDT, FRED</b>	
STREET ADDRESS	<b>201 E. PINE ST.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>DC</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Commissioner Betty Wyman</b>	
STREET ADDRESS	<b>400 S. Orange Ave</b>	
CITY-ST-ZIP	<b>Orlando, FL 32801</b>	
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*

CR2E037 (4/02)