

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

DOCUMENT # P00000090977

02 NOV 13 AM 9:27

1. Entity Name

Dory Funk Sports Management, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4926 SW 31st Street

3. Mailing Address
1531 SE 36th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ocala, Florida

City & State
Ocala, Florida

4. FEI Number
59-3683643

Applied For
Not Applicable

Zip
34474

Country
US

Zip
34471

Country
US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name W. James Gooding III, Esquire

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

1531 SE 36th Avenue

City Ocala

FL

Zip Code
34471

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State.

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Funk, Marti (VPST)
4926 SW 31st Street
Ocala, FL 34474

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Funk, Dory (P)
4926 SW 31st Street
Ocala, FL 34474

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000008946180
11/13/02--01006--003 **150.00

**DO NOT WRITE
IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marti Funk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/02

352-854-8855

Date

Daytime Phone #

MARTI FUNK

CR2E034B (12/01)

November 8, 2002

Florida Department of State
Division of Corporations
P O Box 1500
Tallahassee, Florida 32302

RE: Dory Funk Sports Management, Inc.

Dear Sir:

I am the Vice-President/Secretary/Treasurer of Dory Funk Sports Management, Inc.

I recently received notice from the Department of State that this corporation has been involuntarily dissolved for failing to file its annual report for 2002.

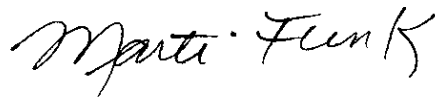
Please note that I did not receive the annual report reminder (or any similar correspondence or forms) from the Department of State regarding this corporation for the 2002 annual report (unlike in 2001 when I did receive and timely file the annual report).

Thus, I would request a waiver of the reinstatement fee.

I am enclosing the completed 2002 annual report as well as my attorney's trust account check in the amount of \$150 representing the annual report fee.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Marti Funk".

Marti Funk