

# 2000 UNIFORM BUSINESS REPORT (UBR)

0546160

DOCUMENT # P32291

1. Entity Name

RAYCOM SPORTS & ENTERTAINMENT, INC.

FILED

00 JAN 31 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2815 COLISEUM CENTRE DR.  
CHARLOTTE NC 28217

201 MONROE STREET  
20TH FLOOR  
MONTGOMERY AL 36104-3735

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 56-1244569

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME HAYES, JOHN  
STREET ADDRESS 201 MONROE STREET, 20TH FLOOR  
CITY-ST-ZIP MONTGOMERY AL 36104

TITLE ☐ Change ☐ Addition  
NAME 900003129849  
STREET ADDRESS -02/09/00--01086--003  
CITY-ST-ZIP \*\*\*\*\*300.00 \*\*\*\*\*300.00

TITLE V ☐ Delete  
NAME HAINES, KEN  
STREET ADDRESS 2815 COLISEUM CENTRE DR.  
CITY-ST-ZIP CHARLOTTE NC 28217

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME MCTEAR, PAUL  
STREET ADDRESS 201 MONROE STREET, 20TH FLOOR  
CITY-ST-ZIP MONTGOMERY AL 36104

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME BRYAN, REBECCA  
STREET ADDRESS 201 MONROE STREET, 20TH FLOOR  
CITY-ST-ZIP MONTGOMERY AL 36104

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME WARREN, RAY  
STREET ADDRESS 500 FIFTH AVENUE, SUITE 2330  
CITY-ST-ZIP NEW YORK NY

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rebecca Bryan

1/12/00

(334) 206-1400

CR2E034 (9/99)