## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 03, 2000 8:00 am DOCUMENT # **P96000015874 Secretary of State** ARRIGO SPORTS MANAGEMENT, INC. 03-03-2000 90175 001 \*\*\*317.50 Principal Place of Business Mailing Address 2101 OKEECHOBEE BLVD. 2101 OKEECHOBEE BLVD. SUITE 200 SUITE 200 W PALM BEACH FL 33409-4112 10609 W PALM BEACH FL 33409 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0641850 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ic herdson . ARRIGO, JAMES J 2101 OKEECHOBEE BLVD. SUITE 200 W PALM BEACH FL 33409 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition **PDV** ☐ Delete TITLE TITLE ARRIGOO, JAMES J NAME STREET ADDRESS % 2101 OKEECHOBEE BLVD. SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 33409 ☐ Change ☐ Addition ☐ Delete TITLE LANDRUM, VIRGINIA A NAME STREET ADDRESS % 2101 OKEECHOBEE BLVD. SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 33409 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME ARRIGO, JOHN NAME STREET ADDRESS % 2101 OKEECHOBEE BLVD. SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 33409 ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 of 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.

CITY-ST-7IP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

2/28/00 56/683/51

☐ Change

Addition