

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000015874**

1. Entity Name

ARRIGO SPORTS MANAGEMENT, INC.**FILED****Mar 06, 2001 8:00 am**
Secretary of State

03-06-2001 90326 037 ***158.75

Principal Place of Business

**2101 OKEECHOBEE BLVD.
SUITE 200
W PALM BEACH FL 33409**

Mailing Address

**2101 OKEECHOBEE BLVD.
SUITE 200
W PALM BEACH FL 33409**

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 **65-0641850**

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****RICHARDSON, KEVIN F
1551 FOURM PLACE
STE 300F
WEST PALM BEACH FL 33401**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	PDV	<input type="checkbox"/> Delete
NAME	ARRIGO, JAMES J	
STREET ADDRESS	% 2101 OKEECHOBEE BLVD. SUITE 200	
CITY-ST-ZIP	W PALM BEACH FL 33409	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LANDRUM, VIRGINIA A	
STREET ADDRESS	% 2101 OKEECHOBEE BLVD. SUITE 200	
CITY-ST-ZIP	W PALM BEACH FL 33409	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARRIGO, JOHN	
STREET ADDRESS	% 2101 OKEECHOBEE BLVD. SUITE 200	
CITY-ST-ZIP	W PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-27-01 561 683 1511

CR2E034 (10/00)