

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0101389 AV

DOCUMENT # P97000080994

1. Entity Name

NORTH AMERICAN SPORTS MANAGEMENT V, INC.



FILED

03 MAR 17 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1551 SANDSPUR ROAD
MAITLAND FL 32751

Mailing Address

P.O. BOX 4961
ORLANDO FL 32802-4961

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 N. ORANGE AVE., STE. 1100
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE : DPST ☐ Delete
NAME : GINSBURG, ALAN H
STREET ADDRESS : 1551 SANDSPUR ROAD
CITY-ST-ZIP : MAITLAND FL 32751

TITLE : ☐ Change ☐ Addition
NAME :
STREET ADDRESS :
CITY-ST-ZIP :
600014451256
03/24/03--01003--011 **150.00

TITLE : ☐ Delete
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

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

TITLE : ☐ Delete
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

TITLE : ☐ Change ☐ Addition
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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 607, 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:

SIGNATURE REQUIRED

ALAN H. GINSBURG, PRES.

Date

Daytime Phone #

407/741-8500

CR2E034 (10/02)