

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063609

1. Entity Name

TALLAHASSEE ARENA, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90238 012 ***150.00

Principal Place of Business

1845-3 CAPITAL CIRCLE NORTHEAST
TALLAHASSEE FL 32308

Mailing Address

1845-3 CAPITAL CIRCLE NORTHEAST
TALLAHASSEE FL 32308

2. Principal Place of Business

1909 Capital Circle NE

3. Mailing Address

1909 Capital Circle NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, KEVIN
1845-3 CAPITAL CIRCLE NORTHEAST
TALLAHASSEE FL 32308

Name

1909 Capital Circle NE

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 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 **DAVIS, KEVIN**
STREET ADDRESS **1845-3 CAPITAL CIRCLE NORTHEAST**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☒ Change ☐ Addition
NAME **1909 Capital Circle NE**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MOSES, MATTHEW**
STREET ADDRESS **6109 BORDERLINE DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

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

TITLE **D** ☐ Delete
NAME **RODRIGUEZ, WILLIAM**
STREET ADDRESS **1833 HARTSFIELD BLVD., APT. 105**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☒ Change ☐ Addition
NAME **4366 Cool View Drive**
STREET ADDRESS **Tallahassee FL 32303**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SCHMIDT, RODNEY**
STREET ADDRESS **2131 KINSLEY LANE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

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

Date

Daytime Phone #

4/18/01

850-671-5678

CR2E034 (10/00)