2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A19245

1. Entity Name

THE PHILLIES, LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 15 PM 3:15

Principal Place of Business	Mailing Address
VETERANS STADIUM BROAD ST. & PATTISON AVE. PHILADELPHIA PA 19148	VETERANS STADIUM BROAD ST. & PATTISON AVE. PHILADELPHIA PA 19148

DO NOT WRITE IN THIS SPACE

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 23-2186951 ☐ Applied For ☐ Not Applicable

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
TIMBERLAKE, JOHN JACK RUSSELL STADIUM 800 PHILLIES DRIVE CLEARWATER FL 33515	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$25,000.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP GILES, WILLIAM Y 1755 CEDAR LANE, N. VILLANOVA PA 19085 delete filed Amendment 2/15/00	STREET ADDRESS CITY-ST-ZIP FF $263.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP MONTGOMERY, DAVID P 8525 ARDMORE AVENUE WYNDMOOR PA 19038	STREET ADDRESS CITY-ST-ZIP 000003139140--2 -02/18/00--01011--003 ****316.25 ****263.75
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CR2E003 (9/99)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: David F Montgomery 1/19/00 215-463-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #