

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A92000000102**

1. Entity Name

**FLORIDA PANTHERS HOCKEY CLUB, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAY -2 PM 2:05

Principal Place of Business

**ONE PANTHER PARKWAY  
SUNRISE FL 33323**

Mailing Address

**P.O. BOX 5025  
CORPORATE OFFICE  
BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

4. FEI Number

**65-0401302**

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

**AMERICAN INFORMATION SERVICES, INC.  
1 SE 3RD AVE., 28TH FLOOR  
MIAMI FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**William Duffy  
One Panther Parkway  
Sunrise FL 33323**

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.

DATE

9. Capital Contributions  
as Shown on record.

**\$100.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **P92000008428**  
NAME **FLORIDA PANTHERS HOCKEY CLUB, INC.**  
STREET ADDRESS **501 E CAMINO REAL**  
CITY-ST-ZIP **BOCA RATON FL 33432**

STREET ADDRESS

CITY-ST-ZIP

**ONE PANTHER PARKWAY  
Sunrise FL 33323**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**700005576537--7  
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STREET ADDRESS

CITY-ST-ZIP

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0003469 AV

CP2E003 (9/01)