

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000212**

1. Entity Name

ROLLER HOCKEY OF ORLANDO, LTD.

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 20 AM 3:05

Principal Place of Business

C/O AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVENUE, 27TH FLOOR
MIAMI FL 33131

Mailing Address

2295 CORPORATE BLVD., N.W., SUITE 222
BOCA RATON FL 33431-7323



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

The Herrick Company, Inc

3. Mailing Address

Suite, Apt. #, etc.

2295 Corporate Blvd NW, St 222

City & State

Boca Raton FL

4. FEI Number

65-0636949

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVENUE, 27TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name *The Herrick Company, Inc*
Street Address (P.O. Box Number is Not Acceptable) *2295 Corporate Blvd NW Ste 222*
City *Boca Raton* FL Zip Code *33431*

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

Howard Herrick

4/17/00

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 # **P96000008774**
NAME **RHO, INC.**
STREET ADDRESS **2295 CORPORATE BLVD., N.W., SUITE 222**
CITY - ST - ZIP **BOCA RATON FL 33431**

STREET ADDRESS

CITY - ST - ZIP

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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

Howard Herrick

Date

4/17/00

Daytime Phone #

561-241-9880

CR2E003 (9/99)