

2001 UNIFORM BUSINESS REPORT (UBR)

0007593 AF

DOCUMENT # A96000000532

1. Entity Name

ROLLER HOCKEY OF SOUTHEAST FLORIDA, LTD.

FILED
01 MAR 26 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2295 CORPORATE BLVD., NW **2295 CORPORATE BLVD., NW**
STE. 222 **STE. 222**
BOCA RATON FL 33431 **BOCA RATON FL 33431**

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 Applied For
65-0657565 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

THE HERRICK COMPANY, INC.
2295 CORPORATE BLVD., NW
STE. 222
BOCA RATON FL 33431

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 #	P96000024298	STREET ADDRESS	7000003353077-2
NAME	RHSEF, INC.	CITY-ST-ZIP	-04/03/01--01058--001
STREET ADDRESS	2295 CORPORATE BLVD., NW, STE. 222		***6750.00 ****150.00
CITY-ST-ZIP	BOCA RATON FL 33431		\$150.00
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

CR2E003 (11/00)

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** **VP of GP 3-22-01** **561-241-9880**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #