

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001176

1. Entity Name

FLORIDA MARLINS BASEBALL CLUB, L.L.C.

FILED

01 JAN 29 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

PRO PLAYER STADIUM
2267 NW 199TH STREET
MIAMI FL 33056

Mailing Address

PRO PLAYER STADIUM
2267 NW 199TH STREET
MIAMI FL 33056

2. Principal Place of Business ProPlayer

2269 Dan Marino Blvd.

3. Mailing Address ProPlayer Stadium

2269 Dan Marino Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

22-3615218

Applied For

Not Applicable

Zip

33056

Country

USA

Zip

33056

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM ☐ Delete
STREET ADDRESS F.M.B.C. I, L.L.C.
CITY-ST-ZIP 301 YAMATO ROAD, SUITE #2200
BOCA RATON FL 33431

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)