

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000618

1. Entity Name

PANTHERS HOCKEY LLLP

Principal Place of Business

610 ZACK KOSNITZKY, P.A.
100 S.E. 2ND STREET, 28TH FLOOR
MIAMI FL 33131

Mailing Address

610 ZACK KOSNITZKY, P.A.
100 S.E. 2ND STREET, 28TH FLOOR
MIAMI FL 33131

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY -2 PM 2: 12



2. Principal Place of Business

One Panther Parkway
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Surprise FL

City & State

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KTO&S REGISTERED AGENT CORPORATION
100 S.E. 2ND STREET, 28TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

William Duffy

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

ONE PANTHER PARKWAY

City

Surprise FL

FL

Zip

33323

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.

9. Capital Contributions
as Shown on record.

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # | L01000006921 | STREET ADDRESS | 3320 FAIRFIELD LANE |
| NAME | PANTHERS HOCKEY LC | CITY-ST-ZIP | WESTON FL 33323 |
| STREET ADDRESS | 100 S.E. 2ND STREET, 28TH FLOOR | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33131 | CITY-ST-ZIP | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | 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

CR2E003 (9/01)