

2001 UNIFORM BUSINESS REPORT (UBR)

0000399 AF

DOCUMENT # **A32032**

1. Entity Name

JACKSONVILLE JAGUARS, LTD.

Principal Place of Business

**ONE ALLTEL STADIUM PLACE
JACKSONVILLE FL 32202**

Mailing Address

**ONE ALLTEL STADIUM PLACE
JACKSONVILLE FL 32202**

FILED

01 MAY -1 PM 12:31

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3095655

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

7. Name and Address of New Registered Agent

**WEAVER, J. WAYNE
ONE STADIUM PLACE
JACKSONVILLE FL 32202**

Name

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

300004220609--5

-05/16/01--01109--004

City

*****526.25 FL ***526.25**

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

9. Capital Contributions
as Shown on record.

\$65,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

45,915,937

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 # **A92000000273**
NAME **TDJ FOOTBALL, LTD.**
STREET ADDRESS **ONE ALLTEL STADIUM PLACE**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)