

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

A 333 41

1. Entity Name

Florida Marlins of Brevard, Ltd.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL -3 PM 12:45

Principal Place of Business

2267 N.W. 199TH Street
Miami, FL 33056

Mailing Address

2267 N.W. 199TH Street
Miami, FL 33056-2600

2. Principal Place of Business

450 E. Las Olas Blvd

3. Mailing Address

450 E. Las Olas Blvd

Suite, Apt. #, etc.

#1500

Suite, Apt. #, etc.

#1500

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33301

Country

Zip

33301

Country

4. FEI Number

65-0364264

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

American Information Services, Inc.
One SE Third Avenue
28th Floor
Miami, FL 33131

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

9. Capital Contributions
as Shown on record.

\$10,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$10,000.00

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

DOCUMENT # V58290
NAME Florida Marlins of Brevard, Inc.
STREET ADDRESS 450 E. Las Olas Blvd., Suite #1500
CITY-ST-ZIP Ft. Lauderdale, FL 33301

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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

Cris V. Branden, V.P.

4/30/01

954-627-5000

Day

Daytime Phone #

CR2E003 (11/00)