## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** A9300000159 May 02, 2000 8:00 am Secretary of State DOCUMENT # 1. Entity Name 2301 SE 17TH ST., LTD. Principal Place of Business Mailing Address C/O FLORIDA PANTHERS HOLDINGS, INC. C/O FLORIDA PANTHERS HOLDINGS, INC. 450 EAST LAS OLAS BLVD., SUITE 1500 450 EAST LAS OLAS BLVD., SUITE 1500 FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301-2291 2. Principal Place of Business 3. Mailing Address 2301 SE 17th Street P. O. Box 5025 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Corporate Office Applied For 4. FEI Number City & State City & State 65-0407836 Not Applicable Ft. Lauderdale Boca Raton, Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33431 33316 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AMERICAN INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) ONE S.E. THIRD AVENUE, 27TH FLOOR **MIAMI FL 33131** City 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) 10. Amount of Capital Contributions 980,000.00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions \$980,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. A93000000666 DOCUMENT # STREET ADDRESS 2301 MGT, LTD. 501 E. Camino Real NAME 450 EAST LAS OLAS BLVD., SUITE 1500 STREET ADDRESS CITY-ST-ZIE FT. LAUDERDALE FL 33301 Boca Raton, FL 33432 CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <del>5000032</del>3330 -06/0<u>9/0</u>0--01110--003 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY ST ZIF DOCHMENT # STREET ADDRESS NAME. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS 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 RECURRED Steven M. Dauria
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTINER UP TO COLUMN

4-28-00

561-447-5300

Daytime Phone #

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