

2001 UNIFORM BUSINESS REPORT (UBR)

0012812 AF

DOCUMENT # A96000001774

1. Entity Name
SPACE COAST ICEPLEX, LTD.

APPROVED
AND
FILED

01 APR 30 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
720 ROY WALL BLVD.
ROCKLEDGE FL 32955

Mailing Address
720 ROY WALL BLVD.
ROCKLEDGE FL 32955

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3402028 **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ICE ARENAS INVESTMENT CORP.
720 ROY WALL BLVD.
ROCKLEDGE FL 32955

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. (NOT) Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. \$3,400,000.00 **10. Amount of Capital Contributions in FLORIDA to date.** 1,924,441 **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 #	P95000097452
NAME	ICE ARENAS INVESTMENT CORP.
STREET ADDRESS	720 ROY WALL BLVD.
CITY-ST-ZIP	ROCKLEDGE FL 32955
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200004221832--9
CITY-ST-ZIP	-05/17/01--01031--015
STREET ADDRESS	***526.25 ***526.25
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]* **DATE:** 4/24/01 **DAYTIME PHONE #:** (321) 504-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CRZE003 (11/00)