

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007635 AF

DOCUMENT # **A97000000670**

1. Entity Name  
**PANTHERS BRHC LIMITED**

**FILED**  
**01 MAY -1 PM 5:59**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business  
**501 E. CAMINO REAL  
CORPORATE OFFICE  
BOCA RATON FL 33432**

Mailing Address  
**P.O. BOX 5025  
CORPORATE OFFICE  
BOCA RATON FL 33431**



DO NOT WRITE IN THIS SPACE

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

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

4. FEI Number **65-0762249**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**AMERICAN INFORMATION SERVICES, INC.  
ONE S.E. THIRD AVENUE, 27TH FLOOR  
MIAMI FL 33131**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**000004288840--4**  
**-05/23/01--01015--012**  
City **\*\*\*\*\*526.2FL \*\*\*\*\*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. **\$120,903,746.00** 10. Amount of Capital Contributions in FLORIDA to date. **120,903,746.00** 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 #	<b>P97000025159</b>
NAME	<b>PANTHERS BRGP CORPORATION</b>
STREET ADDRESS	<b>501 E. CAMINO REAL</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>
DOCUMENT #	<b>A14709</b>
NAME	<b>BOCA RATON HOTEL AND CLUB LIMITED PTNRSH</b>
STREET ADDRESS	<b>501 EAST CAMINO ROAD</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>
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	<b>BK</b>
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: **Steven M. Dauria** Vice Pres/Treasurer  
**Panthers BRGP Corporation** 4/26/01 561-447-5300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)