

# 2002 UNIFORM BUSINESS REPORT (UBR)

0003311 AV

DOCUMENT # **A97000000670**

1. Entity Name

**PANTHERS BRHC LIMITED**

**FILED**

**02 MAY -1 AM 10:54**

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0762249**

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

**AMERICAN INFORMATION SERVICES, INC.  
ONE S.E. THIRD AVENUE, 27TH FLOOR  
MIAMI FL 33131**

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.

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

13. ADDRESS CHANGES ONLY

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 PTRNSHP</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	
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>500005554245 5</b>
CITY-ST-ZIP	<b>-05/16/02--01026--003</b>
	<b>***526.25 ***526.25</b>
STREET ADDRESS	
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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

**Steven M. Dauria**

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Panthers BRGP Corp.**

**4/25/02**

**561-447-5300**

Date

Daytime Phone #

CR2E003 (9/01)