

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A97000000707**

1. Entity Name

ICE SPORTS FORUM-BRANDON, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -1 AM 10: 34

Principal Place of Business  
5012 WEST CYPRESS STREET  
TAMPA FL 33607

Mailing Address  
5012 WEST CYPRESS STREET  
TAMPA FL 33607-3804



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-3445391**

Applied For  
Not Applied For

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

SHANNON, JEFFREY C ESQ.  
C/O FOWLER, WHITE, GILLEN, ET AL  
501 E. KENNEDY BLVD.  
TAMPA FL 33602

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. **\$20,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 # NAME STREET ADDRESS CITY - ST - ZIP	P96000043418 ICE SPORTS FORUM, INC. 5012 WEST CYPRESS STREET TAMPA FL 33607
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STREET ADDRESS	200003123222--4
CITY - ST - ZIP	-02/03/00--01103--002 ****526.25 ****526.25
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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:

*Jeffrey C Shannon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

13 JAN 00

Date

813-287-1731

Daytime Phone #