

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000920

1. Entity Name

WEST PALM ENTERTAINMENT, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 23 PM 1:29



Principal Place of Business

401 EAST SEMORAN BOULEVARD  
CASSELBERRY FL 32707

Mailing Address

401 EAST SEMORAN BOULEVARD  
CASSELBERRY FL 32707-4912

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3448611

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMITH, RANDALL C ESQ.  
750 N. MAITLAND AVENUE  
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

DON BROWN

Street Address (P.O. Box Number is Not Acceptable)

200 N. THORNTON AVE.

City

ORLANDO

FL

Zip Code

32801

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

*Don L. Brown, Esq.*

(NOTE: Registered Agent signature required when reinstating)

3-8-00

DATE

9. Capital Contributions  
as Shown on record.

\$2,200,000.00

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

DOCUMENT # P97000027377  
NAME WEST PALM ENTERTAINMENT, INC.  
STREET ADDRESS 401 EAST SEMORAN BOULEVARD  
CITY-ST-ZIP CASSELBERRY FL 32707

13. ADDRESS CHANGES ONLY

STREET ADDRESS

500003313685-9

CITY-ST-ZIP

-07/05/00--01102--007

\*\*\*\*\*526.25 \*\*\*\*\*526.25

DOCUMENT #

NAME

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

SIGNATURE: *Don L. Brown, Esq.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

4/25/00

Daytime Phone #

407-260-7003

166/61300 2AC