

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A97000001622

1. Entity Name  
BOX SEATS LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 18 AM 11:43

Principal Place of Business  
4329 BLANDING BLVD  
JACKSONVILLE FL 32210

Mailing Address  
4329 BLANDING BLVD  
JACKSONVILLE FL 32210-7332

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip

City & State  
Zip

4. FEI Number 59-3485180  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
FOWLER, PAT M  
155-5 BLANDING BLVD  
ORANGE PARK FL 32073

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions \$30,000.00  
as Shown on record.

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 #	P93000051900	STREET ADDRESS	200003245402-5 -05/09/00--01116--009 *****397.50 *****397.50	
NAME	BOX SEATS, INC.	CITY - ST - ZIP		
STREET ADDRESS	4329 BLANDING BLVD			
CITY - ST - ZIP	JACKSONVILLE FL 32210			
DOCUMENT #		STREET ADDRESS		
NAME		CITY - ST - ZIP		
STREET ADDRESS				
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NAME		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]* 3/15/00 904-908-7328  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)