

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B95000000201**

1. Entity Name

TAMPA BAY ARENA, LP.

FILED

01 MAY -4 PM 12:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business

Mailing Address

**401 CHANNELSIDE DRIVE
TAMPA FL 33602**

**401 CHANNELSIDE DRIVE
TAMPA FL 33602**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3316446

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOMBARDI, HUGH
401 CHANNELSIDE DRIVE
TAMPA FL 33602**

Name

Jennifer Hernandez

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

401 Channelside Drive

City

Tampa

FL

Zip Code

33602

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

4.30.01

9. Capital Contributions
as Shown on record.

\$990,000.00

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 # **M99000000624**
NAME **FLORIDA SPORTS MANAGEMENT, L.L.C.**
STREET ADDRESS **401 CHANNELSIDE DR**
CITY-ST-ZIP **TAMPA FL 33602**

STREET ADDRESS

CITY-ST-ZIP

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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:

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

Date

Daytime Phone #

4-30-01

(813) 301-6500