## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F98000002170

## FILED May 03, 2001 8:00 am

PANTHERS EDGEWATER RESORT, INC.						Secretary of State 05-03-2001 90088 012 ***150.00				
Principal Plac	ce of Business	Mailing Address								
501 E. CAMINO REAL BOCA RATON FL 33432		501 E. CAMINO REAL BOCA RATON FL 33432								
							<b>310</b> 1 (311) <b>16</b> 1) ( <b>11</b> 14) <b>18</b> 1		BIH 8.8(1) 19.81	
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apt.	#. etc.	P. O. Box 5025  Suite, Apt. #, etc.					DO NOT WRITE	IN THIS SPACE		
		Corporate Offices								
City & Stat	e	City & State  Boca Raton, FL 03401			4.	FEI Number	65-0811827		pplied For ot Applicable	
Zip Country		Zip Country				- · · · · · · · · · · · · · · · · · · ·		_ \$8.75 Ad		
<u></u>		33431					Status Desired	Fee Require		
	6. Name and Address of Current I	Registered Agent		Name	7. (	Name and Ad	dress of New Reg	istered Agent		
AMERICAN INFORMATION CERTIFICE INC				Name						
AMERICAN INFORMATION SERVICES, INC. ONE SE 3RD AVENUE, 28TH FLOOR				Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 33131										
				City			1	FL Zip Coo	le	
8 The above	named entity submits this statement for	the nurnose of changing its	registere	ed office or	registered ag	nent or both i	<del></del>			
o. ma apara	Than to distribute of the state	and purpose or origing no	109.0.0.		, <b>og</b> .0.0.0 a ag	, o				
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered	d Agent signatu	re required when r	einstating)		DATE		
9. This corpo	pration is eligible to satisfy its Intangible	FILE NOW	!!! FEE	IS \$150.0	00	40 51				
Tax filing	requirement and elects to do so.	After MAY 1, 2001 Fee will be \$550				1	on Campaign Finan- Fund Contribution.		May Be to Fees	
<u> </u>	ria on back)	Make Check Payat		partmen		DITIONS (CL	ANGER TO OFFICE	OC AND DIDECTOR	CINIAA	
TITLE	OFFICERS AND E	Delete	12.		AL	JUI TIONS/CH	ANGES TO OFFICE	RS AND DIRECTOR  Change	Addition	
NAME	ROCHON, RICHARD C	L_1 Delete	NAME					onengo	7.50.11011	
STREET ADDRESS	450 EAST LAS OLAS BOULEVAR	D SUITE 1500		ET ADDRESS						
CITY-ST-ZIP	FT. LAUDERDALE FL 33301			ST-ZIP						
TITLE	DV	Delete	TITLE					K Change	☐ Addition	
NAME STREET ADDRESS	) / In 102, / In In		NAME STREE	ET ADDRESS	501 E. Camino Real					
CITY-ST-ZIP				ST-ZIP	Boca Raton, FL 33432				}	
TITLE	SV	☐ Delete	TITLE			<u></u> -		Change	☐ Addition	
NAME	HANDLEY, RICHARD L		NAME							
STREET ADDRESS	450 EAST LAS OLAS BOULEVAR	D SUITE 1500		ET ADDRESS					Ì	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		_	ST-ZIP					<b>5</b>	
TITLE	VT DANIDIA CTEVENIA	☐ Delete	TITLE					😰 Change	Addition	
NAME STREET ADDRESS	DAURIA, STEVEN M 450 E. LAS OLAS BLVD., #1400			T ADDRESS	501 E.	Camino	Real		}	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301			ST-ZIP	Boca R	aton, F	L 33432		}	
TITLE	TI. DIODENDALE FE GOOD	☐ Delete	TITLE		· ·			☐ Change	Addition	
NAME			NAME	.	•					
STREET ADDRESS			- 6	TADDRESS					}	
CITY-ST-ZIP	<u>.</u>			ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
name Street address			NAME	T ADDRESS						
J			Jinet	INDUILOU						

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Steven M. Dauria

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

561-447-5300

Daytime Phone #