

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001667

1. Entity Name

TH CORAL SPRINGS ICE LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT -5 AM 11:02

Principal Place of Business  
4350 LAJOLLA VILLAGE DRIVE, SUITE 700  
SAN DIEGO CA 92122

Mailing Address  
4350 LAJOLLA VILLAGE DRIVE, SUITE 700  
SAN DIEGO CA 92122

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

45-2867468

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CAMPBELL, ROBIN A  
181 BAY STREET  
TORONTO, ONTARIO

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
HILLGROVE, THOMAS W  
181 BAY STREET  
TORONTO, ONTARIO

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
STEET, RICHARD J  
181 BAY STREET  
TORONTO, ONTARIO

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
TRIANGLE REALTY INVESTMENTS  
4350 LAJOLLA VILLAGE DRIVE, SUITE 700  
SAN DIEGO CA 92122

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
TrizecHahn Office Properties Inc.  
4350 La Jolla Village Dr. Ste. 700  
San Diego, CA 92122-1233

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300003428543--4  
-10/18/00--01047--007  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Colin Chapin, Vice President (858) 546-1001

Date

Daytime Phone #

CR2E083 (5/00)