

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90130 040 ***150.00

DOCUMENT # P96000035493
 1. Entity Name
ARENA DEVELOPMENT COMPANY, INC.

| | |
|---|---|
| Principal Place of Business 450 E. LAS OLAS BLVD. STE 1400 LAUDERDALE FL 33301 | Mailing Address 450 E. LAS OLAS BLVD. STE 1400 FT LAUDERDALE FL 33301-4206 US |
|---|---|

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|--|--|
| 2. Principal Place of Business 501 E. Camino Real Suite, Apt. #, etc. Corporate Office City & State Boca Raton, FL 33432 | 3. Mailing Address P. O. Box 5025 Suite, Apt. #, etc. Corporate Office City & State Boca Raton, FL 33431 |
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| | | | |
|---------------------|---------|---------------------|---------|
| Zip 33432 | Country | Zip 33431 | Country |
|---------------------|---------|---------------------|---------|



DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|---|
| 4. FEI Number 65-0679602 | Applied For <input type="checkbox"/> |
|------------------------------------|---|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent
AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVENUE 27TH FLOOR
MIAMI FL 33131

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---------------------------------|---|--|
| TITLE D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME ROCHON, RICHARD C | | NAME | |
| STREET ADDRESS 450 E. LAS OLAS BLVD., 1500 | | STREET ADDRESS | |
| CITY-ST-ZIP FT LAUDERDALE FL 33301 | | CITY-ST-ZIP | |
| TITLE P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MUXO, ALEX | | NAME | |
| STREET ADDRESS 450 E. LAS OLAS BLVD., 1500 | | STREET ADDRESS | |
| CITY-ST-ZIP FT LAUDERDALE FL 33301 | | CITY-ST-ZIP | |
| TITLE V | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME PIERCE, WILLIAM M | | NAME | |
| STREET ADDRESS 450 E LAS OLAS BLVD 1400 | | STREET ADDRESS 501 E. Camino Real | |
| CITY-ST-ZIP FT LAUDERDALE FL 33301 | | CITY-ST-ZIP Boca Raton, FL 33432 | |
| TITLE ST | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME DAURIA, STEVE M | | NAME | |
| STREET ADDRESS 450 E LAS OLAS BLVD 1400 | | STREET ADDRESS 501 E. Camino Real | |
| CITY-ST-ZIP FT LAUDERDALE FL 33301 | | CITY-ST-ZIP Boca Raton, FL 33432 | |
| TITLE V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HANDLEY, RICHARD L | | NAME | |
| STREET ADDRESS 450 E LAS OLAS BLVD, STE 1500 | | STREET ADDRESS | |
| CITY-ST-ZIP FT LAUDERDALE FL 33301 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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 **4-28-00** **561-447-5300**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)