

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000025159**

1. Entity Name

PANTHERS BRGP CORPORATION**FILED****May 04, 2000 8:00 am**
Secretary of State

05-04-2000 90130 029 ***150.00

Principal Place of Business

Mailing Address

ATTEN-DAURIA, STEVEN M
450 E LAS OLAS BLVD. SUITE 1400
FT LAUDERDALE FL 33301**ATTEN-DAURIA, STEVEN M**
450 E LAS OLAS BLVD. SUITE 1400
FT LAUDERDALE FL 33301-4206
US

2. Principal Place of Business

3. Mailing Address

501 E. Camino Real
Suite, Apt. #, etc.**P. O. Box 5025**
Suite, Apt. #, etc.**Corporate Office****Corporate Office**

City & State

City & State

Boca Raton, FL**Boca Raton, FL**

Zip

Country

Zip

Country

33432**33431**

4. FEI Number

65-0762241

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

AMERICAN INFORMATION SERVICES, INC.
ONE SE THIRD AVE
27TH FLOOR
MIAMI FL 33131

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PIERCE, WILLIAM M 450 E LAS OLAS BLVD, #1400 FT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROCHON, RICHARD C 450 E. LAS OLAS BLVD., #1500 FT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DAURIA, STEVEN M 450 E LAS OLAS BLVD, #1400 FT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV HANDLEY, RICHARD L 450 E. LAS OLAS BLVD., #1500 FT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 501 E. Camino Real Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 501 E. Camino Real Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Steven M. Dauria****4-28-00**

Date

561-447-5300

Daytime Phone #