

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-04-2000 90130 030 \*\*\*150.00

**DOCUMENT # P97000049972**

1. Entity Name

**PANTHERS BOCA LIMITED PARTNER, INC.**

Principal Place of Business

Mailing Address

450 E LAS OLAS BLVD. ATTN: STEVEN DAURIA  
 STE 1400  
 FT LAUDERDALE FL 33301  
 US

450 E LAS OLAS BLVD. ATTN: STEVEN DAURIA  
 STE 1400  
 FT LAUDERDALE FL 33301-4206  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**501 E. Camino Real**

Suite, Apt. #, etc.

**Corporate Office**

City & State

**Boca Raton, FL**

Zip

**33432**

Country

3. Mailing Address

**P. O. Box 5025**

Suite, Apt. #, etc.

**Corporate Office**

City & State

**Boca Raton, FL**

Zip

**33431**

Country

4. FEI Number

**65-0762244**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES INC.  
 ONE S.E. THIRD AVE., 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

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 State**

10. 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 ☐ Delete  
 NAME **DV**  
 STREET ADDRESS **PIERCE, WILLIAM M**  
 CITY-ST-ZIP **450 E LAS OLAS BLVD, STE 1400  
 FT LAUDERDALE FL 33301**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **501 E. Camino Real**  
 CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE ☐ Delete  
 NAME **P**  
 STREET ADDRESS **ROCHON, RICHARD C**  
 CITY-ST-ZIP **450 E. LAS OLAS BLVD., #1500  
 FT LAUDERDALE FL 33301**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VT**  
 STREET ADDRESS **DAURIA, STEVEN M**  
 CITY-ST-ZIP **450 E LAS OLAS BLVD, STE 1400  
 FT LAUDERDALE FL 33301**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **501 E. Caimino Real**  
 CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE ☐ Delete  
 NAME **SV**  
 STREET ADDRESS **HANDLEY, RICHARD L**  
 CITY-ST-ZIP **450 E. OLAS BLVD., #1500  
 FT LAUDERDALE FL 33301**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Steven M. Dauria**

Date

Daytime Phone #

**4-28-00**

**561-447-5300**

CR2E034 (9/99)