

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90064 026 ****61.25

DOCUMENT # N00000004486

1. Entity Name

SUNRISE YOUTH TRAVEL HOCKEY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3821 HERON RIDGE LANE
 WESTON FL 33331

9836 W SAMPLE ROAD
 CORAL SPRINGS FL 33065

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

65-1043868

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

ANDREW, LEWIS
9836 W SAMPLE ROAD
CORAL SPRINGS FL 33065

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 \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~PD~~ Delete
 NAME ~~THOMAS, BRETT~~
 STREET ADDRESS ~~3821 HERON RIDGE LANE~~
 CITY-ST-ZIP ~~WESTON FL 33331~~

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD Delete
 NAME SUSKIND, LEONARD
 STREET ADDRESS 3541 N 55TH AVENUE
 CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~SD PD~~ Delete
 NAME BLANCHARD, MARK S
 STREET ADDRESS 2685 SE 7TH DRIVE
 CITY-ST-ZIP POMPANO BEACH FL 33062

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

TITLE TD Delete
 NAME ANDREWS, LEWIS
 STREET ADDRESS 6086 NW 74TH TERRACE
 CITY-ST-ZIP PARKLAND FL 33067

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Andrew Lewis
ANDREW LEWIS

1/15/02

954 752-8130

CR2E037 (9/01)