

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90041 044 \*\*\*150.00

**DOCUMENT # P00000014515**

1. Entity Name  
**THE HOCKEY GROUP, INC.**

Principal Place of Business  
**200 COCOANUT AVE  
# 8  
SARASOTA FL 34236**

Mailing Address  
**200 COCOANUT AVE  
# 8  
SARASOTA FL 34236**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0984657**

Applied For  
Not Applicable

Zip Country Zip Country

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.**

**BETTERTON, GREG A ESQ.  
909 S. TAMAMI TR., STE. 130  
NOKOMIS FL 34275**

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, 2002 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                      | <b>D</b> <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DAVENPORT, LARRY</b>                  | NAME           |   | NAME           |   |
| STREET ADDRESS             | <b>200 COCOANUT AVE</b>                  | STREET ADDRESS |   | STREET ADDRESS |   |
| CITY-ST-ZIP                | <b>SARASOTA FL 34236</b>                 | CITY-ST-ZIP    |   | CITY-ST-ZIP    |   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME           |   | NAME           |   |
| STREET ADDRESS             |  | STREET ADDRESS |   | STREET ADDRESS |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP    |   | CITY-ST-ZIP    |   |
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| STREET ADDRESS             |  | STREET ADDRESS |   | STREET ADDRESS |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP    |   | CITY-ST-ZIP    |   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME           |   | NAME           |   |
| STREET ADDRESS             |  | STREET ADDRESS |   | STREET ADDRESS |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP    |   | CITY-ST-ZIP    |   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME           |   | NAME           |   |
| STREET ADDRESS             |  | STREET ADDRESS |   | STREET ADDRESS |   |
| CITY-ST-ZIP                |  | 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:** *[Signature]* **Pres.** **2-06-02** **941-951-6655**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)