

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016948

FILED

1. Entity Name

SLAPSHOT ROLLER HOCKEY, INC.

00 JAN 28 AM 9:45

Principal Place of Business

Mailing Address

2415 NORTH MONROE STREET. #2032  
TALLAHASSEE FL 32303

2415 NORTH MONROE STREET. #2032  
TALLAHASSEE FL 32303-4112

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

2858 Remington Green Cir  
Suite, Apt. #, etc.

3. Mailing Address

Same  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number 59-3428893

Applied For  
Not Applicable

Zip

32308

Country

Leon

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~STOCKWELL, SANDRA-  
STOWELL, ANTON & KRAEMER  
241 E. CALL STREET  
TALLAHASSEE FL 32301~~

7. Name and Address of New Registered Agent

Name VAN P. GEEKER  
Street Address (P.O. Box Number is Not Acceptable)  
215 SOUTH MONROE STREET  
SUITE 705  
City TALLAHASSEE FL Zip Code 32301

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

*Van P. Geeker*

VAN P. GEEKER

1/25/2000  
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, WILLIAM A	
STREET ADDRESS	2415 N MONROE ST., STE 2090	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHMIDT, RODNEY J	
STREET ADDRESS	2145 N MONROE ST., STE 2090	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	William A Rodriguez, VP	
STREET ADDRESS	2858 Remington Green Circle #130	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	Rodney Schmidt, P	
STREET ADDRESS	2858 Remington Green Circle #130	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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-02/08/00--01136--025  
\*\*\*\*150.00 \*\*\*\*150.00

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00  
Date

850-386-2453  
Daytime Phone #