

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90100 007 \*\*\*150.00

**DOCUMENT # F94000003847**

1. Entity Name

**TALLAHASSEE TIGER SHARKS HOCKEY CLUB, INC.**

Principal Place of Business

1334 PARKVIEW AVENUE, STE 210  
SUITE 210  
MANHATTAN BEACH CA 90266

Mailing Address

133 NORTH MONROE STREET  
TALLAHASSEE FL 32301-1509

2. Principal Place of Business

505 W. PENSACOLA ST.

Suite, Apt. #, etc.

STE B

City & State  
TALLAHASSEE FL

Zip  
32301

Country  
USA

3. Mailing Address

505 W. PENSACOLA ST

Suite, Apt. #, etc.

STE B

City & State  
TALLAHASSEE FL

Zip  
32301

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3256691

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DESOTO CICCHETTI, TAMMY ESQ.  
THE CICCHETTI LAW FIRM  
1435 E. PIEDMONT DR., STE. 210  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

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

2477 Tim Gamble PLACE

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

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

TITLE	CT	<input type="checkbox"/> Delete
NAME	ELMORE, DAVID E	
STREET ADDRESS	1334 PARKVIEW AVE., STE 210	
CITY-ST-ZIP	MANHATTAN BEACH CA 90266	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	TUTTLE, DONNA F	
STREET ADDRESS	1334 PARKVIEW AVE., STE 210	
CITY-ST-ZIP	MANHATTAN BEACH CA 90266	
TITLE	VPHO	<input checked="" type="checkbox"/> Delete
NAME	BRUBAKER, JEFF	
STREET ADDRESS	133 N MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT/GM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY KISH	
STREET ADDRESS	505 W. PENSACOLA STE B	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Raymond Kish Larry Kish* 1/9/00 850 224 4625

CR2E034 (9/99)