

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90151 024 ***550.00

DOCUMENT # F94000003847

1. Entity Name
TALLAHASSEE TIGER SHARKS HOCKEY CLUB, INC.

Principal Place of Business
505 W. PENSACOLA ST
STE B
TALLAHASSEE FL 32301

Mailing Address
~~4200 SOUTH BECKER LAKE DR.~~
~~WEST VALLEY CITY UT 84119~~

2. Principal Place of Business

3. Mailing Address
1334 PARK VIEW AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 210

City & State

City & State
MANHATTAN BCH

Zip

Country

Zip
CA 90266

Country

Los Angeles

4. FEI Number 59-3256691

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TURNER, STEPHEN
215 SOUTH MONROE ST.
STE. 400
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CT** ☐ Delete
NAME **ELMORE, DAVID E**
STREET ADDRESS **1334 PARKVIEW AVE., STE 210**
CITY-ST-ZIP **MANHATTAN BEACH CA 90266**

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

TITLE **DPS** ☒ Delete
NAME **TUTTLE, DONNA F**
STREET ADDRESS **1334 PARKVIEW AVE., STE 210**
CITY-ST-ZIP **MANHATTAN BEACH CA 90266**

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

TITLE **PGM** ☒ Delete
NAME **KISH, LARRY**
STREET ADDRESS **505 W PENSACOLA STE B**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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.

(310) 546-9662

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DINESH R MEHTA - CONTROLLER

Date

Daytime Phone #

9/12/02

CR2E034 (4/02)