

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90297 046 ***150.00

DOCUMENT # J94993

1. Entity Name

CENTRE ICE OF COUNTRYSIDE, INC.

Principal Place of Business

2700 US HWY 9 N
 COUNTRYSIDE MALL
 CLEARWATER FL 33761
 US

Mailing Address

2752 NORTHRIDGE DR E
 CLEARWATER FL 33761
 US

2. Principal Place of Business

Same as Mailing
 Suite, Apt. #, etc.

3. Mailing Address

351. Countryside Key Blvd.
 Suite, Apt. #, etc.

City & State

City & State

Clearwater FL

Zip

Country

Zip

Country

34677

USA.

4. FEI Number

59-2866695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HYLAND, BRUCE
 2752 NORTHRIDGE DR. E.
 CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name

BRUCE Hyland Key Blvd.

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

351. Countryside Key Blvd

Change - 4/20/01 -

City

OHDSMAR.

FL

Zip Code

34677.

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, 2001 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 **DP** ☐ Delete
 NAME **HYLAND, BRUCE**
 STREET ADDRESS **2752 NORTHRIDGE DR. E.**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **ST** ☐ Delete
 NAME **HYLAND, MARGARET**
 STREET ADDRESS **2752 NORTHRIDGE DR. E.**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP.** ☒ Change ☐ Addition
 NAME **BRUCE Hyland.**
 STREET ADDRESS **351 COUNTRYSIDE Key Blvd.**
 CITY-ST-ZIP **OHDSMAR- FL - 34677.** *4/20/01*

TITLE **ST.** ☒ Change ☐ Addition
 NAME **MARGARET. HYLAND**
 STREET ADDRESS **351-COUNTRYSIDE Key Blvd.**
 CITY-ST-ZIP **OHDSMAR- FL - 34677.** *4/20/01.*

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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.

SIGNATURE:

Margaret Hyland - Margaret. Hyland.

02/28/01

(727)787-3495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)