

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -6 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004340

1. Entity Name
THE HOCKEY OASIS GROUP, L.C.

Principal Place of Business

4824 LONGWATER WAY
TAMPA FL 33615

Mailing Address

4824 LONGWATER WAY
TAMPA FL 33615-4216

2. Principal Place of Business:

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LOZANO, MICHAEL JR
4824 LONGWATER WAY
TAMPA FL 33615

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM LOZANO, MICHAEL JR ☐ Delete
STREET ADDRESS 4824 LONGWATER WAY
CITY- ST- ZIP TAMPA FL 33615

TITLE NAME MGRM HEDRICK, BRIAN ☒ Delete
STREET ADDRESS 1050 STARKEY ROAD #903
CITY- ST- ZIP LARGO FL 33771

TITLE NAME MGRM TVEDTEN, TY ☒ Delete
STREET ADDRESS 16221 REDINGTON BEACH DRIVE
CITY- ST- ZIP REDINGTON BEACH FL 33708

TITLE NAME MGRM SMITH, RONALD KEVIN ☒ Delete
STREET ADDRESS 6709 GULFPORT BLVD SOUTH
CITY- ST- ZIP SOUTH PASADENA FL 33707

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000003280960--0
CITY- ST- ZIP -06/08/00--01011--022
*****50.00 *****50.00

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

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

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STREET ADDRESS
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STREET ADDRESS
CITY- ST- ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

5-1-00

Date

813-243-0521

Daytime Phone #

CR2E083 (9/99)