

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006069**

1. Entity Name

ADVANCED HOCKEY LLC

APPROVED
AND
FILED

00 MAY -2 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**4110 NW 66TH AVE
CORAL SPRINGS FL
33067**

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0946407

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 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

**GEORGE NUCCIO
4110 NW 66TH AVE
CORAL SPRINGS FL
33067**

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

10. ADDITIONS / CHANGES

TITLE **MANAGING MEMBER** ☐ Delete
NAME **GEORGE NUCCIO**
STREET ADDRESS **4110 NW 66TH AVE**
CITY - ST - ZIP **CORAL SPRINGS FL 33067**

TITLE ☐ Change ☐ Addition
NAME **9000003259969**
STREET ADDRESS **-05/19/00--01106--013**
CITY - ST - ZIP *******50.00 *****50.00**

TITLE **MEMBER** ☐ Delete
NAME **ANNE THERIO**
STREET ADDRESS **4110 NW 66TH AVE**
CITY - ST - ZIP **CORAL SPRINGS FL 33067**

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

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:

George Nuccio

4/28/00

954 255 2518

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

Date

Daytime Phone #

CR2E083 (1/199)