

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 05, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000002873**1. Entity Name
BRANDON BOMBERS HOCKEY CLUB, INC.

Principal Place of Business	Mailing Address
12608 TIMBER RUN	12608 TIMBER RUN
DADE CITY FL 33525	DADE CITY FL 33525

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
59-3632254Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**WATSON BERT
12608 TIMBER RUNDADE CITY FL
33525

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 **04/05/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	POWER MIKE	1606 BENT PINE WAY	BRANDON FL 33511	<input type="checkbox"/>	<input type="checkbox"/>
D	KINSLEY STEVE	3311 W SEVILLA CIR	TAMPA FL 33629	<input type="checkbox"/>	<input type="checkbox"/>
D	LUFKIN MIKE	28326 GLADE FERN CT	WESLEY CHAPEL FL 33543	<input type="checkbox"/>	<input type="checkbox"/>
D	EATON FRED	1214 EDGERTON DR	VALRICO FL 33594	<input type="checkbox"/>	<input type="checkbox"/>
D	KROETEN MARK	4935 EBENSBRIG DR	TAMPA FL	<input type="checkbox"/>	<input type="checkbox"/>
D	WATSON BERT	12608 TIMBER RUN	DADE CITY FL 33525	<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steve Kinsley D 04/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)