

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90064 026 \*\*\*\*61.25

**DOCUMENT # N00000004486**

1. Entity Name

**SUNRISE YOUTH TRAVEL HOCKEY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

3821 HERON RIDGE LANE  
 WESTON FL 33331

9836 W SAMPLE ROAD  
 CORAL SPRINGS FL 33065

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

**65-1043868**

Applied For

Not Applicable

5. 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

**ANDREW, LEWIS**  
**9836 W SAMPLE ROAD**  
**CORAL SPRINGS FL 33065**

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 \$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 ~~PD~~  Delete  
 NAME ~~THOMAS, BRETT~~  
 STREET ADDRESS ~~3821 HERON RIDGE LANE~~  
 CITY-ST-ZIP ~~WESTON FL 33331~~

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME VPD  
 STREET ADDRESS SUSKIND, LEONARD  
 CITY-ST-ZIP 3541 N 55TH AVENUE  
 HOLLYWOOD FL 33021

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ~~SD PD~~  Delete  
 NAME BLANCHARD, MARK S  
 STREET ADDRESS 2685 SE 7TH DRIVE  
 CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE **PD**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ~~TD~~  Delete  
 NAME ANDREWS, LEWIS  
 STREET ADDRESS 6086 NW 74TH TERRACE  
 CITY-ST-ZIP PARKLAND FL 33067

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 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: \_\_\_\_\_

*Andrew Lewis*  
**ANDREW LEWIS**

1/15/02

954 752-8130

CR2E037 (9/01)