

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90217 005 ****61.25

DOCUMENT # NO1000002783

1. Entity Name

PEMBROKE PINES THUNDER OPTIMIST HOCKEY CLUB, INC



Principal Place of Business

**1700 N. DYKE RD
PEMBROKE PINES FL 33228**

Mailing Address

**P O BOX 822865
~~HOLLYWOOD FL 33028~~**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

S. Florida, FL

Zip

Country

33082

Country

4. FEI Number **91-2147278**

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

KANTOR, PHILIP J ESQ.

**200 SOUTH BISCAYNE BLVD., STE 3400 - 940 N.W. 201 Way
MIAMI FL 33131-2367 - Pembroke Pines, FL**

33029

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **GEYSELEARS, JAN**
STREET ADDRESS **20772 NW 1ST CT.**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **TD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **EVP** ☒ Delete
NAME **KLOSENBERG, FRED**
STREET ADDRESS **1110 SW. 103 AVE.**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

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

TITLE **TD** ☐ Delete
NAME **KANTOR, PHILIP J**
STREET ADDRESS **200 S. BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI FL 33131-2367**

TITLE **EVP** ☒ Change ☐ Addition
NAME
STREET ADDRESS **940 NW 201 Way**
CITY-ST-ZIP **Pembroke Pines, FL 33029**

TITLE **D** ☐ Delete
NAME **GREGORIO, JIM**
STREET ADDRESS **14910 NEWCASTLE LANE**
CITY-ST-ZIP **DAVIE FL 33331**

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

TITLE **VD** ☐ Delete
NAME **MANCINELLI, LEONARD**
STREET ADDRESS **18451 NW 9 ST.**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **George McCord**
STREET ADDRESS **375 SW 182 Ave**
CITY-ST-ZIP **Pembroke Pines, FL 33027**

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:

[Signature] **RECEIVED: Jan 11: 11:00 AM**

4/22/03 754437-0173

CR2E037 (10/02)