FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # N26584**

1. Corporation Name

SECTION THIRTEEN OF THE ROLLER SKATING RINK OPER ATORS ASSOCIATION, INC.

Apr 15, 1999 8:00 am secretary of State

04-15-1999 90134 049 ****61.25

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Principal Place of Business 8421 SW 23RD PL GAINESVILLE FL 32607 US Mailing Address 8421 SW 23RD PL GAINESVILLE FL 32607 US						
			Pd 4-5-99 V#00	808864	561.25	. į
2. Principal Place of Business	·		3. Date Incorporated or Qualifed05/24/1988	- ·		,
Suite, Apt. #, etc.	uite, Apt. #, etc. Suite, Apt. #, etc.		4. FEI Number 65-0377557		ied For Applicable	}
City & State	ate City & State		5. Certificate of Status Desired	\$8.75 Ad	Iditional	
Zip Country		Country	6. Election Campaign Financing	\$5.00 м	lay Be	
24 25	29 30		Trust Fund Contribution	Added to	Fees	ĺ
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent		l
		81 Name				ĺ
THE PRENTICE HALL CORPORATION SYSTEM, INC.		82 Street Add	ress (P.O. Box Number is Not Acceptable)		-	·
1201 HAYES ST STE 105		83				
TALLAHASSEE FL 32301				. 85 Zip Co		ĺ
TALLARIAGOLE 1 E GEGOT		84 City	F	85 Zip Co	ode	1
11. Pursuant to the provisions of Sections 617.0502	2 and 617.1508. Florida Statutes, the	e above-named con	poration submits this statement for the purpose	of changing its re	egistered	ĺ
. office or registered agent or both in the State of	nt Florida. Such change was authori	zea dy the corporati	on's board of directors. I hereby accept the app	ointment as regis	stered	
agent. I am familiar with, and accept the obligati	ions of, Section 617.0503, Florida 5	natutes.				
SIGNATURE Signature, typed or printed name of registered agent	t and title if applicable (NOTE: Regist	ered Agent signature require	ed when reinstating) DATE			6
12. OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS	ND DIRECTOR	S IN 12	Ş
TITLE PD	☐ DELETE 1.	1 TITLE		☐ Change	☐ Addition	2
NAME ALLMAN, ROCK	1.	2 NAME				15
STREET ADDRESS 8421 SW 23RD PL	1.	.3 STREET ADDRESS	<u>.</u>			6
CITY-ST-ZIP GAINESVILLE FL		.4 CITY-ST-ZIP				្រំ
V/00	DELETE . 2	.1 TITLE		☐ Change	Addition	1
NAME SURPETT, ORIS L BU	inkett 2	.2 NAME			ľ	1
STREET ADDRESS 8421-SW-23RD PL		.3 STREET ADORESS	<u> </u>			H
CITY-ST-ZIP GAINESVILLE FL	2.	. 4 CITY-ST-ZIP				
TITLE STD ,,		1 TITLE	• .	Change	Addition	
NAME (BURNETT, PATTI. BU	irket 13	.2 NAME				}
STREET ADDRESS 8421 SW 23RD PL	•	.3 STREET ADDRESS				
CITY-ST-ZIP GAINESVILLE FL	3.	4. CITY+ST+ZIP				
IIITE	DELETE 4	1 TITLE		Change	Addition	(
NAME OO A	4	, 2 NAME		•.		
NAME STREET ADDRESS & Please Cor	ved, 1	3 STREET ADDRESS			•	
CITY-ST-ZIP SPELLING	of last 1	4 CITY-ST-ZIP				l
CITY-ST-ZIP SPELLING TITLE NAME NAME	☐ DELETE 5	1 TITLE		☐ Change	Addition	}
NAME nome	5.	2 NAME				
STREET ADDRESS		3 STREET ADDRESS				
CITY-ST-ZIP	5.	4 CITY-ST-ZIP		·		}
TITLE	☐ DELETE 6	.1 TITLE		☐ Change	Addition	
NAME	6.	2 NAME				
		1				

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6,4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

352-331-9.053