

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # N93000000159****1. Entity Name**
FLORIDA ICE SPORTS FOUNDATION, INC.**Principal Place of Business**
1980 NORTH ATLANTIC AVE.
SUITE 301
COCOA BEACH FL 32931**Mailing Address**
1980 NORTH ATLANTIC AVE.
SUITE 301
COCOA BEACH FL 32931**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3195664

Applied For

Not Applicable

Zip Country

Zip Country

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**VARNEY GERALD T
1556 SUNSHINE TREE BLVD.

LONGWOOD FL
32779 USName
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** **GERALD T VARNEY** **08/23/2001**
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		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALHOUN BARBARA A		NAME	BISHOP DEE	
STREET ADDRESS	7916 CHAD COURT		STREET ADDRESS	1980 N. ATLANTIC AVE. SUITE 301	
CITY-ST-ZIP	ORLANDO FL 32835		CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	DVS	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIESHABER ILENE A		NAME	OLER MARK	
STREET ADDRESS	200 S. BANANA RIVER BLVD., #601		STREET ADDRESS	1980 N. ATLANTIC AVE. SUITE 301	
CITY-ST-ZIP	COCOA BEACH FL 32931		CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARNEY GERALD T		NAME	WYTON SHIRLEY	
STREET ADDRESS	1556 SUNSHINE TREE BLVD.		STREET ADDRESS	1980 N. ATLANTIC AVE. SUITE 301	
CITY-ST-ZIP	LONGWOOD FL 32779		CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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: GERALD T VARNEY** **D** **08/23/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)