

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED

May 18, 2001 8:00 am
Secretary of State

04-19-2001 90045 035 ****61.25

DOCUMENT # N94000001933

1. Entity Name

SOUTHERNMOST HOCKEY CLUB, INC.

Principal Place of Business

Mailing Address

2026 STAPLES AVE
KEY WEST FL 33040

2026 STAPLES AVE
KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

1107 KEY PLAZA

1107 KEY PLAZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 287

SUITE # 287

City & State

City & State

KEY WEST, FL

KEY WEST, FL

Zip

Country

Zip

Country

33040

USA

33040

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUNEO, EDWARD J
2026 STAPLES AVE
KEY WEST FL 33040

Name

DOUGLAS CAPAS

Street Address (P.O. Box Number is Not Acceptable)

2308 LINDA AVE.

City

KEY WEST

FL

Zip Code

33040

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

Douglas M Capas DOUGLAS M CAPAS

3/29/01

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
NAME CUNEO, EDWARD J
STREET ADDRESS 2026 STAPLES AVENUE
CITY-ST-ZIP KEY WEST FL 33040 ☒ Delete

TITLE PRESIDENT
NAME JOHN RIVAS
STREET ADDRESS 3202 RIVIERA DR.
CITY-ST-ZIP KEY WEST, FL. 33040 ☐ Change ☒ Addition

TITLE VP/D
NAME RIVAS, JOHN
STREET ADDRESS 3202 RIVIERA DRIVE
CITY-ST-ZIP KEY WEST FL 33040 ☒ Delete

TITLE V. PRES
NAME DAVID HANN
STREET ADDRESS 1113 BRUNNELL ST.
CITY-ST-ZIP KEY WEST FL. 33040 ☐ Change ☒ Addition

TITLE S
NAME WALKER, CAROLYN
STREET ADDRESS 18521 AZTEC STREET
CITY-ST-ZIP SUGARLOAF KEY FL 33042 ☐ Delete

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

TITLE T
NAME CAPAS, DOUGLAS
STREET ADDRESS 2308 LINDA AVE
CITY-ST-ZIP KEY WEST FL 33040 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Douglas M Capas DOUGLAS M CAPAS

3/29/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)