

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004886 (7)

1. Corporation Name

TAMARAC HOCKEY CLUB, INC.



Principal Place of Business

Mailing Address

**6931 NW 82ND CT
TAMARAC FL 33321**

**6931 NW 82ND CT
TAMARAC FL 33321**

3. Date Incorporated or Qualified
10/04/1994

3a. Date of Last Report
08/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25** **26** **27** **28** **29** **30**

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAGOZINO, TONY
6931 NW 82ND CT
TAMARAC FL 33321**

81 Name

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

83

84 City

FL **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **RAGOZINO, TONY**
STREET ADDRESS **6931 NW 82ND CT**
CITY-ST-ZIP **TAMARAC FL 33321**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DV** ☒ DELETE
NAME **ZIADY, BILL**
STREET ADDRESS **6931 NW 82ND CT**
CITY-ST-ZIP **TAMARAC FL 33321**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **DV**
2.3 STREET ADDRESS **George Desiderio**
2.4 CITY-ST-ZIP **6931 NW 82 CT**
TAMARAC, FL

TITLE **DT** ☒ DELETE
NAME **ZIADY, PEGGY**
STREET ADDRESS **6931 NW 82ND CT**
CITY-ST-ZIP **TAMARAC FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **DT**
3.3 STREET ADDRESS **ABE ZIADY**
3.4 CITY-ST-ZIP **6931 NW 82 CT**
TAMARAC, FL

TITLE **DS** ☒ DELETE
NAME **DESIDERIO, GEORGE**
STREET ADDRESS **6931 NW 82ND CT**
CITY-ST-ZIP **TAMARAC FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **DS**
4.3 STREET ADDRESS **ABE ZIADY**
4.4 CITY-ST-ZIP **6931 NW 82 CT**
TAMARAC, FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **800001783108**
5.3 STREET ADDRESS **-04/17/96--01008--005**
5.4 CITY-ST-ZIP *****61.25**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony M. Ragozino **Anthony M. Ragozino** 3/15/96 954-726-5830
Date Daytime Phone #
CS 11/16/96

CR2E037 (12/95)