

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91760 047 ****61.25

DOCUMENT # N94000004886 ✓

1. Entity Name

Tamarac Hockey Club

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5807 NW 83 Ave

3. Mailing Address

5807 NW 83 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tamarac, FL

City & State

Tamarac, FL

4. FEI Number

650525556

Applied For

Not Applicable

Zip

33321

Country

Broward

Zip

33321

Country

Broward

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Charlotte Ogden

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

5807 NW 83 Ave

City Tamarac

FL

Zip Code

33321

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

Charlotte Ogden Charlotte Ogden

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

(NOTE: Registered Agent signature required when reinstating)

5-8-02

DATE

FEES \$61.25

Initial or Amended UBR

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

TITLE Dir.
NAME SCOTT McINNS
STREET ADDRESS 8350 NW 46 Ct
CITY-ST-ZIP Tamarac FL 33351

TITLE Asst. Dir -
NAME Robert PISASIK
STREET ADDRESS 8324 N. Coral Circle
CITY-ST-ZIP N. Lauderdale, FL 33068

TITLE Asst. Dir - Sect.
NAME Charlotte Ogden
STREET ADDRESS 5807 NW 83 Ave
CITY-ST-ZIP Tamarac FL 33321

TITLE Asst. Dir - Treas.
NAME Pamela GINEKA
STREET ADDRESS 7825 Fairview Dr.
CITY-ST-ZIP Tamarac FL 33321

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Charlotte Ogden Charlotte Ogden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

58.02 954
253-0239

CR2E037B (12/01)