

DOCUMENT # N96000002502

1. Entity Name

POLK COUNTY YOUTH HOCKEY, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

04-10-2000 90069 043 \*\*\*\*61.25

Principal Place of Business: 4415 SWINDELL ROAD, LAKELAND FL 33810, US
Mailing Address: 4415 SWINDELL ROAD, LAKELAND FL 33810-2815, US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number: 59-3377292
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: NICHOLSON, VERA, 4415 SWINDELL ROAD, LAKELAND FL 33810

7. Name and Address of New Registered Agent: Name, 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: Vera L. Nicholson
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

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include NICHOLSON, VERA (P), THOMPSON, DARLENE (VP), BALDWIN, ELIZABETH (S), BAZO, GUERRA (D), BAZO, EDDY (D), SHEFFIELD, EDWIN (D). Includes checkboxes for Delete.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for Change and 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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-4-00

Daytime Phone #: 863 686-0847

CR2E037 (9/99)