

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	Mailing Address
4415 SWINDELL ROAD LAKELAND FL 33810 US	4415 SWINDELL ROAD LAKELAND FL 33810-2815 US

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



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3377292	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	NICHOLSON, VERA	
STREET ADDRESS	4415 SWINDELL ROAD	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	VP	<input type="checkbox"/> Delete
NAME	THOMPSON, DARLENE	
STREET ADDRESS	5746 DEERFLAG DRIVE	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	S	<input type="checkbox"/> Delete
NAME	BALDWIN, ELIZABETH	
STREET ADDRESS	1218 LAKE LOOP	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAZO, GUERRA	
STREET ADDRESS	1826 3RD STREET, S.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAZO, EDDY	
STREET ADDRESS	1826 3RD ST SE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHEFFIELD, EDWIN	
STREET ADDRESS	2009 10TH ST NW	
CITY-ST-ZIP	WINTER HAVEN FL 33881	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-00

863 686-0847

CR2E037 (9/99)