

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90034 006 ****61.25

DOCUMENT # N96000003330

1. Entity Name

**THE PLANET ICE YOUTH HOCKEY ASSOCIATION OF THE P
 ALM BEACHES, INC.**

Principal Place of Business

Mailing Address

**3980 RCA BOULEVARD
 PALM BEACH GARDENS FL 33410
 US**

**P O BOX 33148
 PALM BEACH GARDENS FL 33420
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0674048

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRIS, MICHAEL D.
 1645 PALM BEACH LAKES BOULEVARD
 SUITE 550
 WEST PALM BEACH FL 33401**

Name **Lea Ann Hazi**
 Street Address (P.O. Box Number is Not Acceptable) **8776 Man-O-War Rd.**
 City **Palm Beach Gardens** **FL** Zip Code **33418**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **HAZI, LEA ANN**
 STREET ADDRESS **8776 MAN-O-WAR ROAD**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

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

TITLE **PD** ☒ Delete
 NAME **HARRIS, MICHAEL**
 STREET ADDRESS **1645 PALM BEACH LAKES BOULEVARD, STE 550**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

TITLE **D** ☐ Delete
 NAME **BAGIN, KATHY**
 STREET ADDRESS **10102 DANLIA ROAD**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **D Frank D. Babin**
 STREET ADDRESS **10102 Dahlia Road**
 CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Lea Ann Hazi

2-7-02

561-694-2908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)