1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600004244

1. Corporation Name

CORAL SPRINGS COYOTES HOCKEY, INC.

Principal Place of Business 17920 FIELDBROOK CIRCLE BOCA RATON FL 33496

2. Principal Place of Business

Suite, Apt. #, etc.

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Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

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17920 FIELDBROOK CIRCLE BOCA RATON FL 33496

FILED Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90199 035 ****61.25

Applied For

Not Applicable

1 5 1 5 4 8 151548 90199 35



Date Incorporated or Qualifed 08/14/1996

FEI Number

65-0685665

City & State	9	City & State			5. Certifcate of Status Desired	T	Additional Required
23		28	Carretar				
Zip	Country	Zip	Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	25	[0		10. Name and Address of New Registers		0 10 1 003
	9. Name and Address of Current	Registered Agent	81	Name	10. Hallie and Address of New Augusters	id Agein	
AMERILAWYER CHARTERED				Street A	Address (P.O. Box Number is Not Acceptable)		
343 ALMERIA AVENUE							
CORAL G	ABLES FL 33134		83				
			84	City	F	85 Zi	p Code
11 Dureuant	to the provisions of Sections 617 0502	and 617 1508 Florida Statutes	the above	e-named o	corporation submits this statement for the purpose	of changing	its registered
office or n	egistered agent, or both, in the State of	Florida Such change was aut	honzed by	the corpo	ration's board of directors. I hereby accept the ap	pointment as	registered
agent. I a	m familiar with, and accept the obligation	ns of, Section 617.0503, Florid	a Statutes	•			
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE: R	edistered Ager	nt signature re	quired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12
TITLE	PD. DELETE		11 TITLE	T		Chang	e
NAME			1.2 NAME	ļ			
STREET ADDRESS	17920 FIELDBROOK CIRCLE			T ADDRESS			
	BOCA RATON FL 33496		1.4 CITY-S				
CITY-ST-ZIP	VD DELETE		2.1 TITLE			☐ Chang	e Addition
NAME.	ANDERSON, KIM	_ :	2.2 NAME	}			
	417 NW 107 AVENUE			TADORESS			
STREET ADDRESS	CORAL SPRINGS FL 33071		2. 4 CITY-S		- •		· -
CITY-ST-ZIP TITLE	STD	X DELETE	3.1 TITLE	,,,,,	\$10	Chang	e 💢 Addition
	GAINES, MIKE	2.2 • • • • • • • • • • • • • • • • • • •	3.2 NAME	ł	PARLESSE MARLISE CUMMIN	ς.	
NAME	6944 PALMETTO CIRCLE SOUTH	I SHITE 312	1	TADDRESS	18352 NW HETELET	_	
STREET ADDRESS	BOCA RATON FL 33433	1, 00112 012	3.4. CITY-5		PEMBAGILE PENES FL 33029	l	
CITY-ST-ZIP	D DOOR HATON TE 30433	DELETE	4.1 TITLE		TIO	☐ Chang	e 🔀 Addition
	GAINES, MIKE		4, 2 NAME	- 1	MEKE MESCHENO		
NAME	6944 PALMETTO CIRCLE SOUTI	I SUITE 312	1	T ADDRESS	5029 NW 106 WAY		
STREET ADDRESS	BOCA RATON FL 33433	,	4.4 CITY-S	Į.	CORAL SPRENGS FL 33076		
CITY-ST-ZIP TITLE	D	X DELETE	5.1 TITLE	17-EIF		Chang	je Addition
NAME	GIDDER, STEVEN		5.2 NAME			-	
STREET ADDRESS	9822 NW 56TH COURT		5.3 STREE	T ADDRESS	•		
	PARKLAND FL 33076		5.4 CITY-S				
CITY-ST-ZIP TITLE	1 VIII THE LE COOLO	DELETE	6.1 TITLE			☐ Chang	e Addition
		L	6.2 NAME]			_
NAME				TADDRESS			
STREET ADORESS			6.4 CITY-S				
CITY-ST-ZIP	Cortify that the information surfalian with	this filing does not qualify for t			in Section 119.07(3)(i), Florida Statutes. I further	certify that th	e information
indicated	on this annual report or supplied with	uns miligrates not quality for a	ate and tha	t my siana	ature shall have the same legal effect as if made t	inder oath; th	at I am an

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 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/rustee 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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

INTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(2E037 (11/98)