

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90049 028 ****61.25

B0049723

DO NOT WRITE IN THIS SPACE

DOCUMENT # N96000004244

1. Entity Name

CORAL SPRINGS COYOTES HOCKEY, INC.

Principal Place of Business

Mailing Address

17920 FIELDBROOK CIRCLE
 BOCA RATON, FL 33496

17920 FIELDBROOK CIRCLE
 BOCA RATON, FL 33496

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0685665

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

AMERICAN LAWYER CHARTERED

343 ALMEXIA AVENUE

CORAL GABLES, FL 33134

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete
 PD ~~ROBERT~~
 LEBLANC, ROGER
 STREET ADDRESS 17920 FIELDBROOK CIRCLE
 CITY-ST-ZIP BOCA RATON, FL 33496

TITLE NAME ☐ Change ☒ Addition
 D LEWIS, CW
 STREET ADDRESS 10199 182 CT
 CITY-ST-ZIP BOCA RATON, FL 33497

TITLE NAME ☐ Delete
 VD ANDERSON, KEM
 STREET ADDRESS 417 NW 107 AVENUE
 CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE NAME ☐ Change ☒ Addition
 D DROSEY, JOHN
 STREET ADDRESS 5488 LEITNER DR. WEST
 CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE NAME ☐ Delete
 SD CUMMINS, MARLESE
 STREET ADDRESS 18352 NW 11 STREET
 CITY-ST-ZIP PEMBROKE PINE, FL 33029

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
 TD MESCHINO, MIKE
 STREET ADDRESS 5029 NW 106 WAY
 CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00 954 967 2880

Date

Daytime Phone #

CR2E037 (9/99)