

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003623

1. Entity Name

FLORIDA YOUTH HOCKEY LEAGUE, INC.

Principal Place of Business

739 CRYSTAL COURT
WESTON FL 33326

Mailing Address

739 CRYSTAL COURT
WESTON FL 33326-2914

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

65-0762273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIDGE, PAUL E
2101 CORPORATE BLVD, SUITE 415
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name MIKE CORBIN

Street Address (P.O. Box Number is Not Acceptable)

739 Crystal Ct.

City Weston

FL

Zip Code 33326

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 SD
NAME LETONA, EDGAR
STREET ADDRESS 1097 38TH AVE NE
CITY-ST-ZIP ST PETERSBURG FL 33704 ☐ Delete

TITLE VPD
NAME ANDERSON, KIM
STREET ADDRESS 417 NW 107TH AVE
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Delete

TITLE PD
NAME CORBIN, MIKE
STREET ADDRESS 739 CRYSTAL CT
CITY-ST-ZIP WESTON FL 33326 ☐ Delete

TITLE T
NAME HACKNEY, BETH
STREET ADDRESS 1627 ALACHUA ST
CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☐ Delete

TITLE R
NAME HOFFMAN, DIANA
STREET ADDRESS 2968 HEATHER TR
CITY-ST-ZIP CLEARWATER FL 34621 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE VPD
NAME FRANK GARNETTI
STREET ADDRESS 521 Shepherd Ave.
CITY-ST-ZIP Winter Park, FL 32789 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 another life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90093 034 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)