← 2001 UNIFORM BUSINESS REPORT (UBR) (AMENDED)

DOCUMENT # N97000003623

1. Entity Name
FLORIDA YOUTH Hockey League, INC.

FILED
01 AUG 29 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
948 Whale Bone Bay Drive Kissimee, FL 34741	948 Whalebone Bay Drive Kissimee, FL 34741

2001 AMENDED UBR

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	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	7. Name and Address of New Registered Agent
CORBIN, MIKE 739 Crystal Ct. Weston, FL 33326	Name MIKE FISHER Street Address (P.O. Box Number is Not Acceptable) 948 WHALEBONE BAY DRIVE City KISSIMEE FL Zip Code 34741

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 _____ MIKE FISHER 6-16-01
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 / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT, DIRECTOR MIKE CORBIN 739 Crystal Ct. Weston, FL 33326	☒ Delete	PRESIDENT, DIRECTOR, D MIKE FISHER 948 WHALEBONE BAY DRIVE KISSIMMEE FL 34741	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T, Director Beth Hackney 1627 Alachua Street Ft Lauderdale Beach, FL 33034	☒ Delete	T, Director, D THERESA MULLER 261 JEAN ST. Palm HARBOR, FL 34683	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Director KIM ANDERSON 417 NW 107th Avenue Coral Springs, FL 33071	☒ Delete	VP Director, D STEVE LYNCH 10329 SW 29th Ct DAVIE, FL 33324	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	900004586299--3 -09/13/01--01006--001 *****61.25 *****61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (11/00)

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: _____ MIKE FISHER 6-16-01 407-729-5358
Daytime Phone #