FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # N9700006660 (1) 1. Corporation Name									.*	
SUNSTAR BLIZZARD YOUTH HOCKEY CORPORATION										
Principal Place of Business				Malling Address						J I I
2431 ESTANCIA CLEARWATER I		В		2431 ESTANCIA BLVD BLDG B CLEARWATER FL 34621					3. Date Incorporated or Qualified 11/17/1997	
									4. FEI Number Applied Fo	
2. Principal P	Place of Busin	ness	2a. Mailir 26	2a. Mailing Address 26					5. Certificate of Status Desired Section Fee Regulred	Bİ
Sulte, Apt.	#, etc.			Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be	
City & Stat	le .			City & State					Trust Fund Contribution Added to Fees	
23	.0		28						7. Is this nonprofit corporation a homeowners association?	
Zip	·			Zip Cou			,		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No	
24 25 29 30 30 30 9. Name and Address of Current Registered Agent						Т			10. Name and Address of New Registered Agent	
						81	Name			
SILVERS, LARRY						82	Street	t Address (P.O. Box Number is Not Acceptable)		
2431 ESTANCIA BLVD BLDG B CLEARWATER FL 34621						83		·		
						FL 85 Zip Coo			E1 85 Zip Code (
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes						above	e-namec	corpo		ered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I aim familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							y the cor s.	poratio	ion's board of directors. I hereby accept the appointment as register	ed
SIGNATURE	F- 6	٧								
12.	Signature, typed or printed name of registered as OFFICERS AN			ND DIRECTORS 13			Agent algorature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD		☐ DELETE			1.1 TITLE			☐ Change ☐ Ack	dition
NAME	1	, LARRY	•	1.2						
STREET ADDRESS		EC DRIVE		1		1.3 STREET ADDRESS				
CITY-ST-ZIP		ARBOR FL 33761				1.4 CITY - ST - ZIP		<u> </u>		
TITLE	VD Linville, Holly			☐ DELETE		2.1 TITLE		ļ	☐ Change ☐ Add	fition
NAME		:, HULLT VRIE DRIVE					2.2 NAME			
STREET ADDRESS	DALM HADROD EL 22644						2.3 STREET ADDRESS			ı
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NAME	UNVILLE, GINA					3.2 NAME			SHARD C	
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CITY-ST-ZIP	PALM H	ARBOR FL 33561					3.4. CITY-ST-ZIP		LMHARBOR, PC. 34685	
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STREET ADDRESS							ADDRESS]		
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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 trustee 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.

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Q12-799 9/2(C

FILED

Mar 16 1998 8:00am

Secretary of State