

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90062 037 ****61.25

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1. Corporation Name

SUNSTAR BLIZZARD YOUTH HOCKEY CORPORATION

Principal Place of Business

2431 ESTANCIA BLVD BLDG B
CLEARWATER FL 34621

Mailing Address

2431 ESTANCIA BLVD BLDG B
CLEARWATER FL 34621



2. Principal Place of Business

21 200 EMERALD Bay Dr.
Suite, Apt. #, etc.

2a. Mailing Address

26 200 EMERALD Bay Dr.
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

11/17/1997

4. FEI Number

59-3482370

Applied For

Not Applicable

City & State

23 OLDSMAR FL

City & State

28 OLDSMAR FL

Zip Country

24 34677 25

Zip Country

29 34677 30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SILVERS, LARRY

2431 ESTANCIA BLVD BLDG B
CLEARWATER FL 33761

10. Name and Address of New Registered Agent

81 Name

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

200 EMERALD Bay DRIVE

83

84 City

OLDSMAR

FL

85 Zip Code

34677

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-11-99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SILVERS, LARRY
STREET ADDRESS 4026 EXEC DRIVE
CITY-ST-ZIP PALM HARBOR FL 33761

TITLE VD ☐ DELETE

NAME LINVILLE, HOLLY
STREET ADDRESS 5625 MARIE DRIVE
CITY-ST-ZIP PALM HARBOR FL 33541

TITLE STD ☐ DELETE

NAME SILVERS, GINA
STREET ADDRESS 4026 EXECUTIVE DR
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99 813-886-8433

Date

Daytime Phone #

CR2E037 (11/98)