

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000144

1. Entity Name

WESTERN AREA ROLLER HOCKEY LEAGUE, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90109 019 ****70.00

Principal Place of Business

16900 SW 5TH STREET
FT LAUDERDALE FL 33326

Mailing Address

16900 SW 5TH STREET
FT LAUDERDALE FL 33326-1567

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 **65-0817368**
APPLIED FOR

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

ANDRESEN, SCOTT **R.**
16900 SW 5TH STREET
FT LAUDERDALE FL 33326

Name **Andresen, Scott R.**

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

Same

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: **Scott R. Andresen** **SCOTT R. Andresen**

4-14-00

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 **PVD** ☐ Delete
NAME **ANDRESEN, SCOTT R**
STREET ADDRESS **16900 SW 5TH STREET**
CITY-ST-ZIP **FT LAUDERDALE FL 33326**

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

TITLE **SD** ☐ Delete
NAME **SCHMIDT, RON**
STREET ADDRESS **585 STONEMONT DRIVE**
CITY-ST-ZIP **WESTON FL 33326**

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

TITLE **D** ☐ Delete
NAME **LABARGE, MIKE**
STREET ADDRESS **13990 OAK RIDGE DRIVE**
CITY-ST-ZIP **DAVE FL 33325**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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: **Scott R. Andresen** **SCOTT R. Andresen** **4-14-00** **954-384-2127**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)