2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # N9800000144 1. Entity Name 05-02-2001 90212 015 ****70.00 WESTERN AREA ROLLER HOCKEY LEAGUE, INC. Principal Place of Business Mailing Address 16900 SW 5TH STREET 16900 SW 5TH STREET FT LAUDERDALE FL 33326 FT LAUDERDALE FL 33326 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0817368 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired M Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) ANDRESEN, SCOTT R 16900 SW 5TH STREET FT LAUDERDALE FL 33326 Zip Code FL 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) Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. **PVD** ☐ Addition TITLE ☐ Delete TITLE 90 Andresen, Scot ANDRESEN, SCOTT R NAME NAME STREET ADDRESS STREET ADDRESS 16900 SW 5TH STREET WESTON. CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33326 Change . Addition TITLE ☐ Delete TITLE Schmidt Schmidt Kon 585 Stonemont Dr. NAME SCHMIDT, RON NAME STREET ADDRESS STREET ADDRESS **585 STONEMONT DRIVE** WESTON, FI, 33326 CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33326 Delete TITLE PUTTEET JETTY 13177 NWIIPL NAME LABARGE, MIKE NAME STREET ADDRESS 13990 OAK RIDGE DRIVE STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Sunrise, Fl. 33323 DAVIE FL 33325 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

Addition