

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000000370**

1. Entity Name

FLAGLER COUNTY IN-LINE HOCKEY, INC.

Principal Place of Business

P.O. BOX 354511
PALM COAST FL 32135

Mailing Address

P.O. BOX 354511
PALM COAST FL 32135

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

TOTH, ERNEST M
37 BANNBURY LANE
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name

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

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

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
After September 12, 2001, min. will be \$236.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | PT | <input type="checkbox"/> Delete |
| NAME | TOTH, ERNEST H | |
| STREET ADDRESS | 37 BANN BURL | |
| CITY-ST-ZIP | PALM COAST FL 32137 | |
| TITLE | VPT | <input type="checkbox"/> Delete |
| NAME | CAMPANARO, RICHARD | |
| STREET ADDRESS | 43 BANNISTER LN. | |
| CITY-ST-ZIP | PALM COAST FL 32137 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | KING, KAREN | |
| STREET ADDRESS | 8 PALMER LN. | |
| CITY-ST-ZIP | PALM COAST FL 32164 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Ernest M Toth

8-31-01 446-2780

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90267 024 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)