

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003554

1. Entity Name

MIAMI-KENDALL HOCKEY CLUB, INC.

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90194 010 ****61.25

Principal Place of Business

Mailing Address

8300 NW 53RD STREET, STE. 300
MIAMI FL 33166

8300 NW 53RD STREET, STE. 300
MIAMI FL 33166

2. Principal Place of Business

4800 LeJeune Rd

3. Mailing Address

4800 LeJeune Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

4. FEI Number

65-0859353

Applied For

Not Applicable

Zip

33146

Country

MIAMI-DADE

Zip

33146

Country

MIAMI-DADE

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

MURRAY, C. ROBERT JR

8300 NW 53RD STREET, STE. 300
MIAMI FL 33166

Name

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

4800 LeJeune Road

CORAL GABLES

FL

Zip Code

33146

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 reappointing)

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 PD ☐ Delete
NAME CANNING, DAVID R
STREET ADDRESS 8300 NW 53 ST STE 300
CITY-ST-ZIP MIAMI FL 33166

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

TITLE STD ☐ Delete
NAME MURRAY, C R JR
STREET ADDRESS 8300 NW 53 ST STE 300
CITY-ST-ZIP MIAMI FL 33166

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

TITLE VD ☐ Delete
NAME RUNDLETT, ROYCE
STREET ADDRESS 10720 SW 106 AVE.
CITY-ST-ZIP MIAMI FL 33176

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

C. Robert Murray, Jr.

C. ROBERT MURRAY, JR.

3/18/02

305-
662-
4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)