

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000157

1. Entity Name

BOCA RATON TRAVEL HOCKEY, INC.

Principal Place of Business

1060 PEPPERRIDGE TERRACE
BOCA RATON FL 33486

Mailing Address

1060 PEPPERRIDGE TERRACE
BOCA RATON FL 33486

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

65-1008084

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, WILLIAM
1060 PEPPERRIDGE TERRACE
BOCA RATON FL 33486

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, 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

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ROBINSON, WILLIAM
CITY-ST-ZIP 1060 PEPPERRIDGE TERRACE
BOCA RATON FL 33486

TITLE ☐ Delete
NAME D
STREET ADDRESS ROBINSON, SARA K
CITY-ST-ZIP 1060 PEPPERRIDGE TERRACE
BOCA RATON FL 33486

TITLE ☐ Delete
NAME D
STREET ADDRESS GLENN, KATHERINE
CITY-ST-ZIP 12 257 S ANNA DR
ROCKVILLE VA 23146

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1349 Sugar Plum
CITY-ST-ZIP BOCA RATON, FL 33486

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

TITLE ☐ Change ☐ Addition
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: *William Robinson* REQUIRED Director

4/4/02 6617-7765

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90696 006 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)