

2000 UNIFORM BUSINESS REPORT (UBR)

3/13

FILED

May 11, 2000 8:00 am
Secretary of State

03-13-2000 90034 021 ****61.25

DOCUMENT # N99000002575

1. Entity Name

MARGATE YOUTH ROLLER HOCKEY CORP.

Principal Place of Business

Mailing Address

6662 SCHOONER TERRACE
MARGATE FL 33063

6662 SCHOONER TERRACE
MARGATE FL 33063-8326

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

65-0913882

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

PRADO-CHAPONICK, EVELYN
7925 NW 12TH STREET
SUITE 324
MIAMI FL 33126

Name

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

7925 NW 12 Street Suite 318

City Miami

FL

Zip Code 33126

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, 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	<input checked="" type="checkbox"/> D	<input type="checkbox"/> Delete
NAME	YOUNG, ALLEN	
STREET ADDRESS	6662 SCHOONER TERRACE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> Delete
NAME	DETIG, BILL	
STREET ADDRESS	6662 SCHOONER TERRACE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> Delete
NAME	SANDRA DETIG	
STREET ADDRESS	6662 SCHOONER TERRACE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS	
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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 for 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 the address, with or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/00 (865) 876-9100

Date

Daytime Phone #

CR2E037 (9/99)