

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000004611**

1. Entity Name

PALM BEACH PANTHERS HOCKEY, INC.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 AUG 23 PM 4:01

Principal Place of Business

Mailing Address

4601 N FEDERAL HWY
POMPANO BEACH FL 334064601 N FEDERAL HWY
POMPANO BEACH FL 33406

2. Principal Place of Business

3. Mailing Address

11924 FOREST HILL BLVD.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 22-291

Wellington, FL.

City & State

4. FEI Number

65-0923725

Applied For

Not Applicable

33414

Country
USA

Zip

Country

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

RICHARD, GREG
11924 WEST FOREST HILL BOULEVARD
SUITE 22 PMB #291
WELLINGTON FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	RICHARD, GREG	364 PARK FOREST WAY	WELLINGTON FL 33414	<input type="checkbox"/>
VTD	KEENAN, SUSAN	140 EL MIRASOL	PALM BEACH FL 33480	<input checked="" type="checkbox"/>
SD	ROJAS, SUSIE F	22 PEPPERWOOD CT	BOYNTON BEACH FL 33426	<input checked="" type="checkbox"/>
D	FREITAS, CARLOS	2972 WATERFORD DR N	DEERFIELD BEACH FL 33442	<input type="checkbox"/>
	LINDA RICHARD	364 PARK FOREST WAY	WELLINGTON, FL 33414	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

SIGNATURE REQUIRED GREG RICHARD

8/3/02

561-333-7257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/02)

8/20/02
aw