

2000 UNIFORM BUSINESS REPORT (UBR)

5/E

FILED

Aug 17, 2000 8:00 am
Secretary of State

05-26-2000 90088 023 ****61.25

DOCUMENT # N99000005215

1. Entity Name

ROYAL PALM BEACH HOCKEY CLUB, INC.

Principal Place of Business

Mailing Address

142 VALENCIA STREET
ROYAL PALM BEACH FL 33411

142 VALENCIA STREET
ROYAL PALM BEACH FL 33411-1114

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

65-0935703

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

Name

THOMAS DE CARLO

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

500 Australian Ave

Suite 700

City

West Palm Beach

FL

Zip Code
33401

TERRY, JOHN M
1516 COMMUNITY DRIVE #1516
WEST PALM BEACH FL 33409

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

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: President
NAME: ALAN MARK
STREET ADDRESS: 142 Valencia St.
CITY-ST-ZIP: Royal Palm Beach FL 33411

TITLE: Vice President
NAME: Frank Litrento
STREET ADDRESS: 142 Valencia St.
CITY-ST-ZIP: Royal Palm Beach FL 33411

TITLE: Secretary
NAME: Linda Hagan
STREET ADDRESS: 142 Valencia St.
CITY-ST-ZIP: Royal Palm Beach FL 33411

TITLE: Treasurer
NAME: Leslie Ripoll
STREET ADDRESS: 142 Valencia St.
CITY-ST-ZIP: Royal Palm Beach FL 33411

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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CITY-ST-ZIP:
☐ Change ☐ Addition

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/30/00

561-832-4005