

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000010090**

1. Entity Name

SPACE COAST HOCKEY, INC.**FILED**
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90001 004 ***150.00

0078745

Principal Place of Business

**190 CENTER STREET
CAPE CANAVERAL FL 32920**

Mailing Address

**190 CENTER STREET
CAPE CANAVERAL FL 32920**

2. Principal Place of Business

166 Center Street

3. Mailing Address

166 Center Street

Suite, Apt. #, etc.

Suite 209

Suite, Apt. #, etc.

Suite #209

City & State

Cape Canaveral, Florida

City & State

Cape Canaveral, FL.

Zip

32920

Country

Brevard

Zip

32920

Country

Brevard

4. FEI Number

59-3634308

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**VANDER POEST, DOUGLAS C
1963 GUAVA AVE
MELBOURNE FL 32935**

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 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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	Dir./Tres.	<input type="checkbox"/> Delete
NAME	Barbara R. Kalm	
STREET ADDRESS	1130 Mai Kai Dr.	
CITY-ST-ZIP	Merritt Island, FL. 32953	

TITLE	Dir./Sec.	<input type="checkbox"/> Delete
NAME	David H. Kalm	
STREET ADDRESS	1130 Mai Kai Dr.	
CITY-ST-ZIP	Merritt Island, FL. 32953	

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

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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STREET ADDRESS		
CITY-ST-ZIP		

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara R. Kalm*

Barbara R. Kalm

04/11/01

321 789-0909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)