

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082718

1. Entity Name

SKI-EE-ZZ SPORT, INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90003 007 ***550.00

Principal Place of Business

1136 S.E. 3RD AVENUE
 FORT LAUDERDALE FL 33316

Mailing Address

1136 S.E. 3RD AVENUE
 FORT LAUDERDALE FL 33316

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0708677

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

A0077894



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TYRRELL, BRUCE M
 1136 S.E. 3RD AVENUE
 FORT LAUDERDALE FL 33316

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☐ Delete
 NAME TYRRELL, BRUCE M
 STREET ADDRESS 1136 S.E. 3RD AVENUE
 CITY-ST-ZIP FORT LAUDERDALE FL 33316

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

TITLE V ☐ Delete
 NAME TYRRELL, COLLEEN A
 STREET ADDRESS 1136 S.E. 3RD AVENUE
 CITY-ST-ZIP FORT LAUDERDALE FL 33316

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

TITLE S ☐ Delete
 NAME GROSSMAN, ZACHARY D DR
 STREET ADDRESS 1136 S.E. 3RD AVENUE
 CITY-ST-ZIP FORT LAUDERDALE FL 33316

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

TITLE T ☐ Delete
 NAME HAMILTON, ALLEN
 STREET ADDRESS 1136 S.E. 3RD AVENUE
 CITY-ST-ZIP FORT LAUDERDALE FL 33316

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)