

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091337

1. Entity Name

NORTHERN EXPOSURE HOCKEY SCHOOL, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90042 013 ***150.00

Principal Place of Business

Mailing Address

7696 NW 25TH ST.
MARGATE FL 33063

7696 NW 25TH ST.
MARGATE FL 33063-8132

2. Principal Place of Business

3. Mailing Address

1820 LOG LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CROFTON, MD

4. FEI Number

65-0798136

Applied For

Not Applicable

Zip

Country

Zip

Country

21114

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

FREIDMAN, MARK
4186 NW 65 AVE.
CORAL SPRINGS FL 33067

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPVS
DENT, TED
640 S. PARK ROAD, #434
HOLLYWOOD FL 33021 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPVS
DENT, TED
1820 LOG LANE
CROFTON, MD 21114 ☒ Change ☐ Addition

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CITY-ST-ZIP
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☐ Delete

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

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/00

Date

40-721-2252

Daytime Phone #

CR2E034 (9/99)