

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90129 019 ***150.00

DOCUMENT # V25070

1. Entity Name

WEST KENDALL ROLLER HOCKEY CLUB INC.

Principal Place of Business

Mailing Address

12620 N KENDALL DR
 FL 33186

12620 N KENDALL DR
 MIAMI FL 33186-1867
 US

2. Principal Place of Business

3. Mailing Address

12542 N. Kendall Dr.
 Suite, Apt. #, etc.

12542 N. Kendall Dr.
 Suite, Apt. #, etc.

City & State
 Miami FL

City & State
 Miami FL

4. FEI Number
 65-0339410

Applied For
 Not Applicable

Zip
 33186 Country
 USA

Zip
 33186 Country
 USA

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

GREEN, WILLIAM T IV
 12620 N KENDALL DR
 MIAMI FL 33196

Name
 Street Address (P.O. Box Number is Not Acceptable)
 12542 N. Kendall Dr.
 City
 Miami FL Zip Code
 33186

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 | PVPS GREEN, WILLIAM T IV 15121 SW 145 STREET MIAMI FL | <input type="checkbox"/> Delete |
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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:

305-256-8191
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/00
 Date

305-256-8191
 Daytime Phone #

CR2E034 (9/99)