2000 UNIFORM BUSINESS REPORT (UBR)

7/19/00-90017-006-$61.25-$61.25

DOCUMENT # N98000005769

1. Entity Name

FLORIDA SCHOLASTIC HOCKEY LEAGUE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP -7 AM 10:31

Principal Place of Business	Mailing Address
200 EAST LAS OLAS BLVD. SUITE 1900 FT. LAUDERDALE FL 33301	200 EAST LAS OLAS BLVD. SUITE 1900 FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
350 E. Las Olas Blvd.	350 E. Las Olas Blvd.
Suite, Apt. #, etc.: Suite 1700	Suite, Apt. #, etc.: Suite 1700
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33301 Country: U.S.	Zip: 33301 Country: U.S.

4. FEI Number: 52-2124932 ☐ 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
SOUTH FLORIDA REGISTERED AGENTS, INC. 200 EAST LAS OLAS BLVD. SUITE 1900 FT. LAUDERDALE FL 33301	Name: South Florida Registered Agents, Inc. Street Address (P.O. Box Number is Not Acceptable): 350 E. Las Olas Blvd., Suite 1700 City: Ft. Lauderdale, FL FL Zip Code: 33301

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] DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEARLMAN, PETER M.D. 200 EAST LAS OLAS BLVD., SUITE 1900 FT. LAUDERDALE FL 33301 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEARLMAN, PETER M.D. 350 E. Las Olas Blvd., Ste. 1700 Ft. Lauderdale, FL 33301 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YATES, JOSEPH 200 EAST LAS OLAS BLVD., SUITE 1900 FT. LAUDERDALE FL 33301 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YATES, JOSEPH 350 E. Las Olas Blvd., Ste. 1700 Ft. Lauderdale, FL 33301 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAHAM, PATRICK 200 EAST LAS OLAS BLVD., SUITE 1900 FT. LAUDERDALE FL 33301 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAHAM, PATRICK 350 E. Las Olas Blvd., Ste. 1700 Ft. Lauderdale, FL 33301 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (5/00)

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 empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED Peter Pearlman, M.D. 7/4/00 561-495-0808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #