

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24620

1. Entity Name

ORLANDO YOUTH HOCKEY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9466 WICKHAM WAY
ORLANDO FL 32836
US

9466 WICKHAM WAY
ORLANDO FL 32836-5520
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0075258

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

SIMONINI, ROBERT
9466 WICKHAM WAY
ORLANDO FL 32803-6

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

FILE NOW:
FEE IS \$61.25

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	P GARNETTI, FRANK 521 SHEPARD AVE WINTER PARK FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIMONINI, ROBERT 9466 WICKHAM WAY ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FORREST, LORI 1012 CALIFORNIA CREEK DR OVIEDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCANN, GARY 493 WEKIVA COVE RD LONGWOOD FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRD ROBERTS, LORI 1335 ALFONZO CIRCLE WINTER SPRINGS FL 32708	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marketing Director Carl Roberge 4974 Courtland Loop Winter Springs, FL 32708	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President (Acting) → Same	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary William Minnock 9002 Classic Ct Orlando, FL 32819	☐ Change ☒ Addition

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:

Robert Simonini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/00

407-281-5830

Date

Daytime Phone #