

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90054 020 ****70.00

DOCUMENT # N24620

1. Entity Name

ORLANDO YOUTH HOCKEY ASSOCIATION, INC.

Principal Place of Business

**9466 WICKHAM WAY
 ORLANDO FL 32836
 US**

Mailing Address

**9466 WICKHAM WAY
 ORLANDO FL 32836
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0075258

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SIMONINI, ROBERT
 9466 WICKHAM WAY
 ORLANDO FL 32803-6**

7. Name and Address of New Registered Agent

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

Robert Simonini

Robert Simonini

4/9/01

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

TITLE **MD** ☒ Delete
 NAME **ROBERGE, CARL**
 STREET ADDRESS **4974 COURTLAND LOOP**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **TD** ☐ Delete
 NAME **SIMONINI, ROBERT**
 STREET ADDRESS **9466 WICKHAM WAY**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **VD** ☒ Delete
 NAME **FORREST, LORI**
 STREET ADDRESS **1012 CALIFORNIA CREEK DR**
 CITY-ST-ZIP **OVIEDO FL**

TITLE **P** ☐ Delete
 NAME **MCCANN, GARY**
 STREET ADDRESS **493 WEKIVA COVE RD**
 CITY-ST-ZIP **LONGWOOD FL**

TITLE **PRD** ☒ Delete
 NAME **ROBERTS, LORI**
 STREET ADDRESS **1335 ALFONZO CIRCLE**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **S** ☐ Delete
 NAME **MINNOCK, WILLIAM**
 STREET ADDRESS **9002 CLASSIC CT**
 CITY-ST-ZIP **ORLANDO FL 32819**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President + Director** ☐ Change ☒ Addition
 NAME **James Bates**
 STREET ADDRESS **502 Sycamore St**
 CITY-ST-ZIP **Celebration, FL 34747**

TITLE **Registrar** ☐ Change ☐ Addition
 NAME **Wendy Szupello**
 STREET ADDRESS **3324 Redwood Rd**
 CITY-ST-ZIP **Ormond Beach, FL 32132**

TITLE **Coaching Director** ☐ Change ☒ Addition
 NAME **Larry Plate**
 STREET ADDRESS **192 Canary Island Circle**
 CITY-ST-ZIP **Ravenhurst, FL 33037**

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

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

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

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

4/9/01

Date

407-736-5830

Daytime Phone #

CR2E037 (10/00)