

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90090 032 ****70.00

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
 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

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **BATES, JAMES**
 CITY-ST-ZIP **502 SYCAMORE ST
 CELEBRATION FL 34747**

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

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

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

TITLE ☐ Delete
 NAME **RD**
 STREET ADDRESS **SZUPELLO, WENDY**
 CITY-ST-ZIP **3324 RELAY RD
 ORMOND BCH FL 32812**

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

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

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

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

TITLE ☒ Change ☒ Addition
 NAME **Maureen Sanchez**
 STREET ADDRESS **13546 Falcon Pt Dr**
 CITY-ST-ZIP **Orlando, FL 32837**

TITLE ☐ Delete
 NAME **CD**
 STREET ADDRESS **PLATE, LARRY**
 CITY-ST-ZIP **192 CANARY BLAND CR
 DAVENPORT FL 33837**

TITLE ☐ Change ☐ Addition
 NAME
 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

Feb 10, 2002

Date

Daytime Phone #

467-736-6836

CR2E037 (9/01)