

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90223 009 ****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



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME **V.P. Gary Reilly**
STREET ADDRESS **1386 Shady Knoll CT**
CITY-ST-ZIP **Longwood, FL 32750**

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

TITLE ☐ Change ☒ Addition
NAME **Secretary Joan Almansburger**
STREET ADDRESS **2711 Woodbuff Drive**
CITY-ST-ZIP **Orlando, FL 32837**

TITLE **PRD** ☐ Delete
NAME **SANCHEZ, MAUREEN**
STREET ADDRESS **13546 FALCON POINT DR.**
CITY-ST-ZIP **ORLANDO FL 32837**

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ 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 R. Simonini **ROBERT R. SIMONINI**

1-22-03

**407
736-5830**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)