

2000 UNIFORM BUSINESS REPORT (UBR)

2/28/00-90072-036-\$61.25-\$61.25

DOCUMENT # N96000003889

1. Entity Name

NORTH FLORIDA HOCKEY ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 30 PM 2:32

Principal Place of Business 3605 PHILLIPS HIGHWAY (MARKET SQUARE MALL) JACKSONVILLE FL 32207	Mailing Address P.O. BOX 5128 JACKSONVILLE FL 32247-5128 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3389566	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COOMBS, JACK
2825 N FIRST AVE
FERNANDINA BEACH FL 32054

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 _____ 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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	COOMBS, JACK	
STREET ADDRESS	2825 N FIRST AVE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	O'SHAUGHNESSY, TOM	
STREET ADDRESS	428 BUCKEYE LN E	
CITY-ST-ZIP	FRUIT COVE FL 32259	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WILLIAM, KAYE	
STREET ADDRESS	1975 BRECKENRIDGE BLVD	
CITY-ST-ZIP	MIDDLEBURG FL 32069	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILCOX, ANGELA	
STREET ADDRESS	1629 CHARON RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	T	<input type="checkbox"/> Delete
NAME	STEWART, KIRSTI	
STREET ADDRESS	8119 GREEN GLADE	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **KIRSTI STEWART** Date: 1/19/02 Daytime Phone #: 641-7161

CR2E037 (9/99)