

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 05, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90113 002 \*\*\*\*61.25

**DOCUMENT # N96000003889**  
 1. Entity Name  
**NORTH FLORIDA HOCKEY ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
 3605 PHILLIPS HIGHWAY (MARKET SQUARE MALL) JACKSONVILLE FL 32207  
 P.O. BOX 5129 JACKSONVILLE FL 32217-5129 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3389566		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	<input type="checkbox"/>			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
COOMBS, JACK 2825 N FIRST AVE FERNANDINA BEACH FL 32054				Name: <u>Edward Keenan</u> Street Address (P.O. Box Number is Not Acceptable): <del>982 Dottie Circle</del> 2063 Broad Oak Dr. City: <del>Orange Park</del> Jacksonville FL Zip Code: <del>32067</del> 32225			

B. 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: Edward J. Keenan DATE: 6/25/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

<b>FILE NOW:</b> 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOMBS, JACK 2825 N FIRST AVE FERNANDINA BEACH FL 32034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Frank S. Harriman 982 Dottie Circle Orange Park, FL 32065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLIAM, KAYE 1975 BRECKENRIDGE BLVD MIDDLEBURG FL 32068	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Ed Keenan 2063 Broad Oak Dr. Jacksonville FL 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILCOX, ANGELA 1629 CHARON RD. JACKSONVILLE FL 32205	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY KEVIN HILLS 2198 ST. MARTINS DR. E. JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEWART, KIRSTI 8119 GREEN GLADE JACKSONVILLE FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 SIGNATURE REQUIRED Frank S. Harriman 4-17-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Kirsti Stewart 6/25/01*  
*Kirsti Stewart*

CR2E037 (10/00)