

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

0001682

DOCUMENT # **N96000003889**

1. Entity Name  
**NORTH FLORIDA HOCKEY ASSOCIATION, INC.**



FILED

03 OCT -2 PM 3:31

Principal Place of Business  
3605 PHILLIPS HIGHWAY  
MARKET SQUARE MALL  
JACKSONVILLE FL 32207

Mailing Address  
P.O. BOX 5128  
JACKSONVILLE FL 32247-5128  
US

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
Zip Country

4. FEI Number **59-3389566**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KEENAN, EDWARD**  
2063 BROAD OAK DRIVE  
JACKSONVILLE FL 32225

**7. Name and Address of New Registered Agent**

Name **SPENCER, FREDERICK**  
Street Address (P.O. Box Number is Not Acceptable)  
**248 CLEARWATER DRIVE**  
City **PONTE VEDRA BEACH FL** Zip Code **32082**

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

*Frederick Spencer*

9/24/03

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**  
**After September 10, 2003, min will be \$236.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIMAN, FRANK S 2063 BROAD OAK DR JACKSONVILLE FL 32225	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LYNCH, PAUL J 4441 LACEWING CT JACKSONVILLE FL 32258	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMPSON, ROCKY 405 F STREET ST AUGUSTINE FL 32084	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEWART, KIRSTI 8119 GREEN GLADE JACKSONVILLE FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEAN, DWAYNE 1825 NORWAY DR ORANGE PARK FL 32003	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FRED SPENCER 248 CLEARWATER DRIVE PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIC PRESIDENT RICK LARSON 31617 ARBOR DRIVE PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LAUREN KIPTA 12927 ROCKY RIVER RD S. JACKSONVILLE, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DAVID RICHIE 107 WOODLANDS CREEK RD PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REGISTRAR KAREN LYNCH 4441 LACEWING CT ORANGE PARK, FL 32246	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SECRETARY</del> 200023488192 10/01/03--01047--003 **\$61.25	<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)(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: *Frederick Spencer* 9/24/03 909 767 8606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (4/03)

North Florida Hockey Association, Incorporated  
P.O. Box 5128  
Jacksonville, FL 32247 - 5128

September 24, 2003

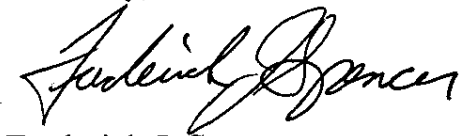
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302 - 1500

Dear Sir or Madam:

Today is the first notification I received for filing a Uniform Business Report for the North Florida Hockey Association Incorporated with the State of Florida. As we are a completely new board, please waive the late fee. I have submitted the original \$61.50 filing fee along with the report.

Thank you for your consideration in this matter.

Sincerely,



Frederick J. Spencer  
President  
North Florida Hockey Association, Inc.