

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005027

1. Entity Name

EAST COAST HOCKEY LEAGUE, INC.

R

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90003 007 ****61.25

Principal Place of Business

Mailing Address

C/O SCOTT SABATINO
125 VILLAGE BLVD., STE 210
PRINCETON NJ 08540

C/O SCOTT SABATINO
125 VILLAGE BLVD., STE 210
PRINCETON NJ 08540-5753



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

103 MAIN ST. SUITE 300

3. Mailing Address

103 MAIN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 300

City & State

PRINCETON, NJ

City & State

PRINCETON, NJ

4. FEI Number

54-1472984

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

FELIX, CHARLES
201 E GREGORY STREET - REAR
C/O PENSACOLA ICE PILOTS
PENSACOLA FL 32501

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	PD	<input type="checkbox"/> Delete
NAME	ADAMS, RICHARD	
STREET ADDRESS	125 VILLAGE BLVD STE 210	
CITY-ST-ZIP	PRINCETON NJ	
TITLE	V	<input type="checkbox"/> Delete
NAME	SABATINO, SCOTT	
STREET ADDRESS	125 VILLAGE BLVD STE 210	
CITY-ST-ZIP	PRINCETON NJ	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PRICE, DOUG	
STREET ADDRESS	125 VILLAGE BLVD STE 210	
CITY-ST-ZIP	PRINCETON NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	FELIX, CHARLES	
STREET ADDRESS	201 E GREGORY ST - REAR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FEUERSTEIN, HARRY	
STREET ADDRESS	601 EAST LEIGH STREET	
CITY-ST-ZIP	RICHMOND VA	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	SCHEER, CARL	
STREET ADDRESS	800 EAST BLVD	
CITY-ST-ZIP	CHARLOTTE NC	

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C ROY NAGIN	
STREET ADDRESS	1250 POYDAS ST. SUITE 1050	
CITY-ST-ZIP	NEW ORLEANS, LA 70130	
TITLE	DIRECTOR	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES EDWARDS	
STREET ADDRESS	1201 NORWOOD ST.	
CITY-ST-ZIP	JOHNSTOWN, PA 15904	

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: SABATINO REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)