

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90034 023 ****61.25

DOCUMENT # F95000005027

1. Entity Name

EAST COAST HOCKEY LEAGUE, INC.

Principal Place of Business

Mailing Address

**103 MAIN ST, SUITE 300
 PRINCETON NJ 08540**

**103 MAIN ST, SUITE 300
 PRINCETON NJ 08540**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-1472984

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOYT, NEIL
 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	103 MAIN ST, STE 300	
CITY-ST-ZIP	PRINCETON NJ 08540	
TITLE	V	<input type="checkbox"/> Delete
NAME	SABATINO, SCOTT	
STREET ADDRESS	103 MAIN ST, STE 300	
CITY-ST-ZIP	PRINCETON NJ 08540	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PRICE, DOUG	
STREET ADDRESS	103 MAIN ST, STE 300	
CITY-ST-ZIP	PRINCETON NJ 08540	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENWALD, HERB	
STREET ADDRESS	2507 51ST ST	
CITY-ST-ZIP	HYATTSVILLE MD 20781	
TITLE	D	<input type="checkbox"/> Delete
NAME	NAGIN, RAY C	
STREET ADDRESS	1250 POYDRAS ST, STE 1050	
CITY-ST-ZIP	NEW ORLEANS LA 70113	
TITLE	CD	<input type="checkbox"/> Delete
NAME	EDWARDS, JAMES	
STREET ADDRESS	1201 NORWOOD ST.	
CITY-ST-ZIP	JOHNSTOWN PA 15904	

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	

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT SABATINO

3/5/02
 Date

(609) 452-0770
 Daytime Phone #

CR2E037 (9/01)