

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005892

1. Entity Name

AMERICAN HOCKEY COACHES ASSOCIATION, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90071 027 ****61.25

Principal Place of Business

Mailing Address

13214 SAINT TROPEZ CIRCLE
PALM BEACH SPRINGS FL 33410

13214 SAINT TROPEZ CIRCLE
PALM BEACH SPRINGS FL 33410-1437

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

02-0348525

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DELVENTHAL, BRUCE
13214 SAINT TROPEZ CIRCLE
PALM BEACH SPRINGS FL 33410

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	CEO	<input type="checkbox"/> Delete
NAME	BERTAGNA, JOSEPH	
STREET ADDRESS	CONCORD STREET	
CITY-ST-ZIP	GLOUCESTER MA 09130	
TITLE	VC	<input type="checkbox"/> Delete
NAME	NEWTON, TOM	
STREET ADDRESS	MICHIGAN STATE UNIVERSITY	
CITY-ST-ZIP	EAST LANSING MI 48824	
TITLE	D	<input type="checkbox"/> Delete
NAME	SASNER, JULIE	
STREET ADDRESS	UNIVERSITY OF WISCONSIN	
CITY-ST-ZIP	MILWAUKEE WI 53201	
TITLE	D	<input type="checkbox"/> Delete
NAME	EMERY, ROBERT	
STREET ADDRESS	PLATTSBURGH STATE	
CITY-ST-ZIP	PLATTSBURGH NY 12901	
TITLE	P	<input type="checkbox"/> Delete
NAME	HARRINGTON, JOHN	
STREET ADDRESS	ST. JOHN'S UNIVERSITY	
CITY-ST-ZIP	ST. CLOUD MN 56303	
TITLE	V	<input type="checkbox"/> Delete
NAME	MAZZOLENI, MARK	
STREET ADDRESS	HARVARD UNIVERSITY	
CITY-ST-ZIP	BOSTON MA 01451	

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	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/2000 581 818 6369

Date

Daytime Phone #

CR2E037 (9/99)