

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005892

1. Entity Name

AMERICAN HOCKEY COACHES ASSOCIATION, INC.

Principal Place of Business

13214 SAINT TROPEZ CIRCLE  
PALM BEACH SPRINGS FL 33410

Mailing Address

13214 SAINT TROPEZ CIRCLE  
PALM BEACH SPRINGS FL 33410

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

02-0348525

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER BRUCE DELVENTHAL 13214 SAINT TROPEZ CIRCLE PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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)(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: BRUCE DELVENTHAL Date: 2/1/01 Daytime Phone #: 561 8186369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 24, 2001 8:00 am  
Secretary of State

02-06-2001 90266 032 \*\*\*\*61.25

38637



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)