

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

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90252 043 ****61.25

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER GRILLO	
STREET ADDRESS	BROWN UNIVERSITY	
CITY-ST-ZIP	PROVIDENCE, RI 02903	
TITLE	1ST VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT SANDELIN	
STREET ADDRESS	UNIVERSITY OF MINNESOTA-DULUTH	
CITY-ST-ZIP	DULUTH, MN 55812	
TITLE	2ND VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE KEMP	
STREET ADDRESS	UNIVERSITY OF NEBRASKA AT OMAHA	
CITY-ST-ZIP	OMAHA, NE 68182	
TITLE	3RD VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEVIN SNEDDON	
STREET ADDRESS	UNION COLLEGE	
CITY-ST-ZIP	SCHENECTADY, NY 12308	
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:

REQUIRED

2/19/03

561 818-6369

CR2E037 (10/02)