

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

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

09-10-2003 90065 033 \*\*\*\*61.25

**DOCUMENT # N00000005720**

1. Entity Name  
**TALLAHASSEE YOUTH ICE HOCKEY ASSOCIATION, INC.**



Principal Place of Business

2720 PABLO AVE  
TALLAHASSEE FL 32308

Mailing Address

P.O. BOX 16374  
TALLAHASSEE FL 32317-6374

2. Principal Place of Business **2844 Pablo Ave Tallahassee, FL 32308**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3559154**

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

**SNYDER, DAVID**  
**2720 PABLO AVE**  
**TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name **SNYDER, DAVID**  
Street Address (P.O. Box Number is Not Acceptable)  
**2844 Pablo Ave**  
**Tallahassee, FL 32308**  
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**  
**After September 10, 2003, min will be \$236.25**

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 **P** ☐ Delete  
NAME **SNYDER, DAVID**  
STREET ADDRESS **2823 FITZPATRICK DR**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **2NDV** ☐ Delete  
NAME **MCGRAIL, BRIAN**  
STREET ADDRESS **2214 MONAGHAN DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **SNYDER, ELLEN**  
STREET ADDRESS **2823 FITZPATRICK DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **1STV** ☐ Delete  
NAME **TUNE, DAVID**  
STREET ADDRESS **8969 WINGED FOOT DR**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **FLEETWOOD, JAMES A**  
STREET ADDRESS **150 MARIE CIRCLE**  
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 **REDACTED**

**9/5/03 (860) 385-1179**

CR2E037 (4/03)