

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90152 046 \*\*\*\*61.25

**DOCUMENT # N51291**

1. Entity Name

**GREATER TAMPA YOUTH HOCKEY, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 219  
 OLDSMAR FL 34677

P.O. BOX 219  
 OLDSMAR FL 34677-0219

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3184912**

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

**NELSON, JOHN F**  
**3077 CASCADE DR**  
**CLEARWATER FL 33761**

Name **Gibbons, Joseph**

Street Address (P.O. Box Number is Not Acceptable)

**4076 Wellington Pkwy**

City **Palm Harbor**

**FL**

Zip Code **34685**

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

*Joseph M. Gibbons - President*

**4-22-00**

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**  Delete  
 NAME **NELSON, JOHN**  
 STREET ADDRESS **3077 CASCADE DR**  
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **PD**  Change  Addition  
 NAME **Joseph Gibbons**  
 STREET ADDRESS **4076 Wellington Pkwy**  
 CITY-ST-ZIP **Palm Harbor, FL 34685**

TITLE **V**  Delete  
 NAME **BUBLEY, DANIEL**  
 STREET ADDRESS **PO BOX 272443**  
 CITY-ST-ZIP **TAMPA FL 33688**

TITLE **VD**  Change  Addition  
 NAME **James MacDougall**  
 STREET ADDRESS **3283 Westcott Dr.**  
 CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE **TD**  Delete  
 NAME **MUELLER, THERESA**  
 STREET ADDRESS **262 JEAN ST**  
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **SD**  Change  Addition  
 NAME **Mary Beth Lucke**  
 STREET ADDRESS **1892 Eagle Trace Blvd**  
 CITY-ST-ZIP **Palm Harbor, FL 34685**

TITLE **TD**  Delete  
 NAME **ROEFARO, DENNIS**  
 STREET ADDRESS **2564 CUMBERLAND TR**  
 CITY-ST-ZIP **CLEARWATER FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **CORDNER, LISA**  
 STREET ADDRESS **2791 DELANEY CT**  
 CITY-ST-ZIP **PALM HARBOR FL**

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

**4-10-2000 727-787-6085**

Date

Daytime Phone #

CR2E037 (9/99)