

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51291

1. Entity Name

GREATER TAMPA YOUTH HOCKEY, INC.

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

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

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

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

Signature types 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-2000 727-787-6085

CR2E037 (9/99)