

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 11, 2002 8:00 am  
Secretary of State

02-11-2002 90048 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

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

GIBBONS, JOHN  
4076 WILLINGTON PKWY  
PALM HARBOR FL 34685

Name Theresa Mueller

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

262 Jean Street

City Palm Harbor

FL

Zip Code 34683

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

*Theresa Mueller*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-23-02

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 P  
NAME GIBBONS, JOSEPH  
STREET ADDRESS 4076 WILLINGTON PKWY  
CITY-ST-ZIP PALM HARBOR FL 34685 ☒ Delete

TITLE P  
NAME Theresa Mueller  
STREET ADDRESS 262 Jean St.  
CITY-ST-ZIP Palm Harbor, FL 34683 ☒ Change ☐ Addition

TITLE VD  
NAME MACDOUGALL, JAMES  
STREET ADDRESS 3283 WESTCOTT DR.  
CITY-ST-ZIP PALM HARBOR FL 34683 ☒ Delete

TITLE VD  
NAME DANIEL BUBLEY  
STREET ADDRESS 3820 Northdale Blvd, Unit 312  
CITY-ST-ZIP Tampa FLORIDA 33624 ☐ Change ☒ Addition

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

TITLE TD  
NAME CARL FRASSE  
STREET ADDRESS 5313 Windbrush Dr.  
CITY-ST-ZIP Tampa FLORIDA 33625 ☐ Change ☒ Addition

TITLE SD  
NAME LUCKE, MARY B  
STREET ADDRESS 1892 EAGLE TRACE BLVD  
CITY-ST-ZIP PALM HARBOR FL 34685 ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ 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 or without other like empowered.

SIGNATURE:

*Theresa Mueller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-02

277876085

CR2E037 (9/01)