

**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          | <b>P</b>                     | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>GIBBONS, JOSEPH</b>       |  |
| STREET ADDRESS | <b>4076 WILLINGTON PKWY</b>  |  |
| CITY-ST-ZIP    | <b>PALM HARBOR FL 34685</b>  |  |
| TITLE          | <b>VD</b>                    | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>MACDOUGALL, JAMES</b>     |  |
| STREET ADDRESS | <b>3283 WESTCOTT DR.</b>     |  |
| CITY-ST-ZIP    | <b>PALM HARBOR FL 34683</b>  |  |
| TITLE          | <b>TD</b>                    | <input type="checkbox"/> Delete            |
| NAME           | <b>MUELLER, THERESA</b>      |  |
| STREET ADDRESS | <b>262 JEAN ST</b>           |  |
| CITY-ST-ZIP    | <b>PALM HARBOR FL 34683</b>  |  |
| TITLE          | <b>SD</b>                    | <input type="checkbox"/> Delete            |
| NAME           | <b>LUCKE, MARY B</b>         |  |
| STREET ADDRESS | <b>1892 EAGLE TRACE BLVD</b> |  |
| CITY-ST-ZIP    | <b>PALM HARBOR FL 34685</b>  |  |
| TITLE          |                              | <input type="checkbox"/> Delete            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Delete            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |

|                |                                      |  |
|----------------|--------------------------------------|--|
| TITLE          | <b>P</b>                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Theresa Mueller</b>               |  |
| STREET ADDRESS | <b>262 Jean St.</b>                  |  |
| CITY-ST-ZIP    | <b>Palm Harbor, FL 34683</b>         |  |
| TITLE          | <b>VD</b>                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>DANIEL BUBLEY</b>                 |  |
| STREET ADDRESS | <b>3820 Northdale Blvd, Unit 312</b> |  |
| CITY-ST-ZIP    | <b>Tampa FLORIDA 33624</b>           |  |
| TITLE          | <b>TD</b>                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>CARL FRASSE</b>                   |  |
| STREET ADDRESS | <b>5313 Windbrush Dr.</b>            |  |
| CITY-ST-ZIP    | <b>Tampa FLORIDA 33625</b>           |  |
| TITLE          |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                      |  |
| STREET ADDRESS |                                      |  |
| CITY-ST-ZIP    |                                      |  |
| 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 or without other like empowered.

SIGNATURE:

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

**1-23-02**

DATE

**272876085**  
 Daytime Phone #

CR2E037 (9/01)