

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

FILED
May 12, 2003 8:00 am
Secretary of State

0059698

05-12-2003 90202 039 ****61.25

DOCUMENT # N51291

1. Entity Name

GREATER TAMPA YOUTH HOCKEY, INC.



Principal Place of Business

P.O. BOX 219
OLDSMAR FL 34677

Mailing Address

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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THERESA, MUELLER
262 JEAN STREET
PALM HARBOR FL 34683

Name

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	THERESA, MUELLER	262 JEAN STREET	PALM HARBOR FL 34683	<input type="checkbox"/>	<input type="checkbox"/>
VD	DANIEL, BUBLEY	3280 NORTHDAL BLVD UNIT 312	TAMPA FL 33624	<input type="checkbox"/>	<input type="checkbox"/>
TD	MUELLER, THERESA	262 JEAN ST	PALM HARBOR FL 34683	<input type="checkbox"/>	<input type="checkbox"/>
SD	LUCHE, MARY B	1892 EAGLE TRACE BLVD	PALM HARBOR FL 34685	<input type="checkbox"/>	<input type="checkbox"/>
TD	CARL, FRASSE	5313 WINDBRUSH	TAMPA FL 33625	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 RECALLED CASE, Treasurer 5-1-3 (813) 968-6177

CR2E037 (10/02)