

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003150

1. Entity Name

BAY AREA YOUTH HOCKEY ASSOCIATION, INC.

Principal Place of Business

10222 ELIZABETH PLACE
TAMPA FL 33619

Mailing Address

P.O. BOX 969
BRANDON FL 33509-0969

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3320733

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HABERL, LYNN
2233 MALACHITE DR.
LAKELAND FL 33810

7. Name and Address of New Registered Agent

Name

CHERYL MASHAS

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

12314 HUCKLEBERRY CT.

City

RIVERVIEW

FL

Zip Code

33569

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

Cheryl E. Mashas

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/02

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

TITLE	SD	☒ Delete
NAME	GREGORY, RENEE	
STREET ADDRESS	12518 RIVERGLEN DR.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	VD	☒ Delete
NAME	VOGEL, KAY	
STREET ADDRESS	8288 FORESTWOOD DR. E.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	P	☒ Delete
NAME	KOWALSKI, AMY	
STREET ADDRESS	1043 TARA DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	T	☒ Delete
NAME	HABERT, LYNN	
STREET ADDRESS	2233 MALACHITE DR	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P.D	☒ Change ☐ Addition
NAME	CESAR PADILLA	
STREET ADDRESS	2819 COMMONWEALTH AVE.	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	V	☒ Change ☐ Addition
NAME	THOMAS RICHARD	
STREET ADDRESS	1801 KENNESAW CT.	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	T.D	☒ Change ☐ Addition
NAME	CHERYL MASHAS	
STREET ADDRESS	12314 HUCKLEBERRY CT.	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE	S.D	☒ Change ☐ Addition
NAME	LISA AMOS	
STREET ADDRESS	18430 RANSBROOK DR.	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE		☐ Change ☐ Addition
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:

CHERYL MASHAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/02 (813) 671-3580

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-17-2002 90030 016 ***61.25

92865



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)