

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

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90087 022 \*\*\*\*61.25

**DOCUMENT # N96000002414**

1. Entity Name

**MARATHON IN-LINE HOCKEY ASSOCIATION INC.**



Principal Place of Business

**1154 BLVD PALMAS  
MARATHON FL 33050  
US**

Mailing Address

**1154 BLVD PALMAS  
MARATHON FL 33050  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0664203**

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

**WRIGHT, THOMAS D  
9711 OVERSEAS HWY  
MARATHON FL 33050**

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

Signature, typed 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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete  
NAME **VELGER, TERI JO**  
STREET ADDRESS **1154 BOULEVARD DE PALMS**  
CITY-ST-ZIP **MARATHON FL 33050**

TITLE ☒ Change ☐ Addition  
NAME **Melody Dodson**  
STREET ADDRESS **8025 Gulfstream Blvd.**  
CITY-ST-ZIP **Marathon, FL 33050**

TITLE **VP** ☒ Delete  
NAME **COLLIER, NANCY**  
STREET ADDRESS **368 100TH STREET**  
CITY-ST-ZIP **MARATHON FL 33050**

TITLE ☒ Change ☐ Addition  
NAME **Teri Jo Velger V.P.**  
STREET ADDRESS **368 100th St**  
CITY-ST-ZIP **Marathon, FL 33050**

TITLE **SD** ☒ Delete  
NAME **CHERNAVSKY, TOM**  
STREET ADDRESS **112 JAMACIA STREET**  
CITY-ST-ZIP **MARATHON FL 33050**

TITLE ☒ Change ☐ Addition  
NAME **Robert H. Rankin**  
STREET ADDRESS **59600 Overseas Hwy. Marathon**  
CITY-ST-ZIP **FL 33050**

TITLE **TD** ☒ Delete  
NAME **PARSONS, TIEN**  
STREET ADDRESS **2855 OCEAN HIGHWAY**  
CITY-ST-ZIP **MARATHON FL 33050**

TITLE ☒ Change ☐ Addition  
NAME **Donna Waldrop**  
STREET ADDRESS **132 Brian Rd.**  
CITY-ST-ZIP **Marathon, FL 33050**

TITLE **D** ☒ Delete  
NAME **WALDROP, DONNA**  
STREET ADDRESS **1217 SOMBRERO BLVD**  
CITY-ST-ZIP **MARATHON FL 33050**

TITLE ☒ Change ☐ Addition  
NAME **Donna Waldrop**  
STREET ADDRESS **132 Brian Rd.**  
CITY-ST-ZIP **Marathon, FL 33050**

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:

**SIG Robert H. Rankin**

**Secretary**

**305-743-2167**

CR2E037 (10/02)