CR2E037 (10/00)

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 05, 2001 8:00 am Secretary of State DOCUMENT # N9700003191 1. Entity Name JACKSONVILLE STORM YOUTH HOCKEY/ASSOCIATION, INC 02-05-2001 90082 028 ****61.25 Principal Place of Business Mailing Address 1627 ALACHUA ST. 1627 ALACHUA ST. FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034 710873 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3450973 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ... Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HACKNEY, ELIZABETH M 1627 ALACHUA ST. FERNANDINA BEACH FL 32034 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. President Change Change ☐ Addition TITLE Delete TITLE Jonas, JACKSON, WAYNE NAME NAME LACE WING Court 14:11e, PL 32258 STREET ADDRESS 137 BIRCHWOOD DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32137 DTD TITLE ☐ Delete TITLE Change ☐ Addition HACKNEY, BETH NAME NAME STREET ADDRESS .1627~ALACHUA:ST-- --- ; STREET ADDRESS CITY-ST-ZIP FERNANDINA BCH FL 32034 CITY-ST-ZIP DSD Secretari X Delete Change Addition TITLE Patti Thompson ch 2335 Fairfield Ch SOLDT, JOSEPHINE NAME NAME STREET ADDRESS 121 ALSACE CT STREET ADDRESS 3 a*d* 33 CITY-ST-ZIP CITY-ST-ZIP orange Park PONTE VEDRA BCH FL 32082 DVPD via President TITLE 💢 Delete TITLE Change ☐ Addition LOUD BURDETT, MIKE : . . NAME NAME 380 Bell Branch Lane STREET ADDRESS 1217 CREEKWOOD WAY S STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32259 Coaching Director JAKE Sydorowicz X Delete VPD. TITLE TITLE **Change** ☐ Addition NAME CLEWS, JOHN NAME 13426 Foxhaven Dr. S. 8041 WHISPER LAKE LN W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BCH FL 32082 Jacksonville. Pl ☐ Change TITLE ☐ Delete TIT! F ☐ Addition Le Burgett Thekwood Ways. NAME NAME STREET ADDRESS STREET ADDRESS PL 3*a25°* CITY-ST-7IP 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:

while Elizabeth M. Hackney