

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

FILED
May 20, 2003 8:00 am
Secretary of State

04-28-2003 90469 025 ****61.25

DOCUMENT # N97000003191

1. Entry Name

JACKSONVILLE STORM YOUTH HOCKEY ASSOCIATION, INC



Principal Place of Business

**1627 ALACHUA ST.
FERNANDINA BEACH FL 32034**

Mailing Address

**1627 ALACHUA ST.
FERNANDINA BEACH FL 32034**

55042344

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 **59-3450973**

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

**HACKNEY, ELIZABETH M
1627 ALACHUA ST.
FERNANDINA BEACH FL 32034**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	HUGHES, JAMES	
STREET ADDRESS	149 IVY LAKES DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	DTD	<input type="checkbox"/> Delete
NAME	HACKNEY, BETH	
STREET ADDRESS	1627 ALACHUA ST	
CITY-ST-ZIP	FERNANDINA BCH FL 32034	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	EYLES, JODI	
STREET ADDRESS	1730 BLUE HERON LANE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JONAS, STEVE	
STREET ADDRESS	4402 LAEEWING CT	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	SYDOROWICZ, JAKE	
STREET ADDRESS	13426 FOXHAVEN DR. S.	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	BURDETT, MIKE	
STREET ADDRESS	1217 CREEKWOOD WAY S.	
CITY-ST-ZIP	JACKSONVILLE FL 32259	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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 all other like empowered.

SIGNATURE:

Elizabeth M. Hackney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

Date

904-275248

Daytime Phone

CR2E037 (10/02)