

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004770

1. Entity Name

FLORIDA GULF COAST AMATEUR HOCKEY ASSOCIATION, I

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90071 024 \*\*\*\*61.25

Principal Place of Business Mailing Address  
~~12801 JETPORT LOOP, STE. 19~~ ~~12801 JETPORT LOOP, STE. 19~~  
FT. MYERS FL 33913-7718 FT. MYERS FL 33912-8310

2. Principal Place of Business 3. Mailing Address  
12370 Coconut Creek Court 12370 Coconut Creek Court  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Ft. Myers, FL Ft. Myers, FL

Zip Country Zip Country  
33908 USA 33908 USA

4. FEI Number 65-0780104  
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  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
12370 Coconut Creek Court  
City Ft. Myers, FL FL Zip Code 33908

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 Gina Esoldi, Treasurer  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 2/14/2000

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HAYES, VICKI 7050 SANDALWOOD LANE NAPLES FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Sue Kubernat 235 Cypress Way West Naples, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEEL, GREGORY 2800 MEADOW CT., UNIT 101 NAPLES FL 34109 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ralph Picascio 7679 Santa Margherita Way Naples, FL 34109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ESOLDI, GINA 12801 JETPORT LOOP, STE. 19 FT. MYERS FL 33913-7718 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12370 Coconut Creek Court Ft. Myers, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOVAS, BLAISE 24 TIMBERLAND CIR N FT. MYERS FL 33910 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jeff Meyerson 10256 Boca Circle Naples, FL 34109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PATRONE, ANDRE J 12685 NEW BRITTANY BLVD. FT. MYERS FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Alan Foster 2711 68th Street, SW Naples, FL 34105 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANNEMAN, DEBBIE ENG 22418 FOUNTAIN LAKES ESTERO FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Leo Ochs 9139 The Lane Naples, FL 34109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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]* 2/15/2000 941-278-1800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)