

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

02-25-2002 90035 025 ****61.25
N97000004770

DOCUMENT # N97000004770

1. Entity Name

Florida Gulf Coast Amateur Hockey Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2400 Tamiami Trail North

Suite, Apt. #, etc.

Suite #303

City & State

Naples, FL

Zip
34103

Country
USA

3. Mailing Address

2400 Tamiami Trail North

Suite, Apt. #, etc.

Suite #303

City & State

Naples, FL

Zip
34103

Country
USA

4. FEI Number

65-0780104

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Ralph Picascio

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

7679 Santa Margherita Way

City

Naples

FL

Zip Code
34109

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Director-President
Ralph Picascio
7679 Santa Margherita Way
Naples, FL 34109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director Vice President
Leo Ochs
9139 The Lane
Naples, FL 34109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Alan Foster
2711 68th Street SW
Naples, FL 34105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Dennis Scott Director
605 99th Avenue N
Naples, FL 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director Treasurer
Carlos Vasquez
2116 Evergreen Lake Blvd
Naples, FL 34112

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Beth Rosado
5810 14th Avenue SW
Naples, FL 34116

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

02 MAR 12 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E037B (12/01)