

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006570

1. Entity Name

LAKELAND ROLLER HOCKEY LEAGUE, INCORPORATED

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90011 046 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5631 EMERALD RIDGE BLVD  
 LAKELAND FL 33813  
 US

P O BOX 1071  
 LAKELAND FL 33802-1071  
 US

2. Principal Place of Business

924 Queen St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

4. FEI Number

59-3479412

Applied For

Not Applicable

Zip

33803

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKS, JOHN PAUL  
 C/O WENDEL, CHRITTON & PARKS, CHARTERED  
 5300 SOUTH FLORIDA AVENUE  
 LAKELAND FL 33813

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.

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
 NAME JOE CAMPBELL  
 STREET ADDRESS 5631 EMERALD RIDGE BLVD  
 CITY-ST-ZIP LAKELAND FL 33813

TITLE PD  Change  Addition  
 NAME David J. Robine  
 STREET ADDRESS 924 Queen St.  
 CITY-ST-ZIP Lakeland FL 33803

TITLE VPD  Delete  
 NAME ROBINE, DAVID  
 STREET ADDRESS 924 QUEEN ST  
 CITY-ST-ZIP LAKELAND FL 33803

TITLE VPD  Change  Addition  
 NAME Tim Ouellette  
 STREET ADDRESS 480 S. Broadway  
 CITY-ST-ZIP Baytown FL 33830

TITLE SD  Delete  
 NAME TRASK, MONA L  
 STREET ADDRESS 1175 GALLOWAY DR  
 CITY-ST-ZIP LAKELAND FL 33810

TITLE  Change  Addition

TITLE TD  Delete  
 NAME NELSON, DAWN  
 STREET ADDRESS 1233 TIMBERIDGE LOOP N  
 CITY-ST-ZIP LAKELAND FL 33809

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David J. Robine  
 President

4/30/00

428-2500 ext 3617

Date

Daytime Phone #

CR2E037 19/99