

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006570

1. Entity Name

LAKELAND ROLLER HOCKEY LEAGUE, INCORPORATED

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

3. Mailing Address

924 Queen St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lakeland FL

Zip  
33803

Country  
USA

Zip

Country

4. FEI Number

59-3479412

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

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 (9/99)