

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006606

1. Entity Name

DAYTONA YOUTH ICE HOCKEY ASSOCIATION, INC.

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

05-22-2000 90081 044 ****70.00

Principal Place of Business	Mailing Address
24005 RIDGEWOOD AVE. SOUTH DAYTONA FL 32119	3324 RELAY RD. ORMOND BEACH FL 32174-7904

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3591185	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

6. Name and Address of Current Registered Agent
SZUPELLO, WENDY 3324 RELAT ROAD ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
Zip Code

*I paid last year for
 Certificate of Status
 but never received
 one.*

8. The above named entity submits this statement for the purpose of changing its registered office or register
SIGNATURE <i>Wendy Szupello</i>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BOUTHILLER, ROBIN
STREET ADDRESS	103 OCEAN AIT TERRACE
CITY-ST-ZIP	ORMOND BEACH FL 32176
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	ANTONOPOULOS, BILL
STREET ADDRESS	1730 LOUISIANA RD.
CITY-ST-ZIP	SOUTH DAYTONA FL 32119
TITLE	D <input type="checkbox"/> Delete
NAME	SZUPELLO, WENDY
STREET ADDRESS	3324 RELAY ROAD
CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Szupello
STREET ADDRESS	3324 Relay Rd
CITY-ST-ZIP	Ormond Beach FL 32174
TITLE	P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill O'Brien
STREET ADDRESS	731 Horseman Dr
CITY-ST-ZIP	Port Orange FL 32127
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McKenzie Robinson
STREET ADDRESS	1797 Arash Circle
CITY-ST-ZIP	Port Orange FL 32127
TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clara Trapp
STREET ADDRESS	2229 Live Oak Dr
CITY-ST-ZIP	New Smyrna Beach FL 32168
TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Fichter
STREET ADDRESS	2319 Old Kings Rd
CITY-ST-ZIP	South Daytona FL 32119
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: <i>Wendy Szupello</i>	4-5-00	904-672-2436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E037 (9/99)