

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # N98000006606****1. Entity Name**
DAYTONA YOUTH ICE HOCKEY ASSOCIATION, INC.

Principal Place of Business 24005 RIDGEWOOD AVE. SOUTH DAYTONA 32119	Mailing Address 3324 RELAY RD. ORMOND BEACH 32174
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2. Principal Place of Business 2400 RIDGEWOOD AVE.	3. Mailing Address P O BOX 211272
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Suite, Apt. #, etc. SUITE 63-D	Suite, Apt. #, etc.
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City & State SOUTH DAYTONA FL	City & State SOUTH DAYTONA BEACH FL
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Zip 32119	Country	Zip 32121	Country
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4. FEI Number 59-3591185	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SZUPELLO WENDY 3324 RELAT ROAD ORMOND BEACH 32174	FL US
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7. Name and Address of New Registered Agent

Name OBRIEN WILLIAM	
Street Address (P.O. Box Number is Not Acceptable) 731 HORSEMAN DRIVE	
City PORT ORANGE	
FL	Zip Code 32127

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 WILLIAM OBRIEN****04/27/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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**

TITLE D	<input type="checkbox"/> Delete
NAME TRACY CLARA	
STREET ADDRESS 2229 LIVE OAK DR	
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168	
TITLE D	<input type="checkbox"/> Delete
NAME ROBINSON MELANIE	
STREET ADDRESS 1797 ARASH CIRCLE	
CITY-ST-ZIP PORT ORANGE FL 32127	
TITLE D	<input type="checkbox"/> Delete
NAME OBRIEN BILL	
STREET ADDRESS 731 HORSEMAN DRIVE	
CITY-ST-ZIP DAYTONA BEACH FL 32127	
TITLE D	<input type="checkbox"/> Delete
NAME SZUPELLO WENDY	
STREET ADDRESS 3324 RELAY ROAD	
CITY-ST-ZIP DAYTONA BEACH FL 32127	
TITLE D	<input type="checkbox"/> Delete
NAME SZUPELLO PAUL	
STREET ADDRESS 3324 RELAY RD	
CITY-ST-ZIP ORMOND BEACH FL 32174	
TITLE D	<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 type="checkbox"/> Addition
NAME CLOUTIER DAN	
STREET ADDRESS 1820 TRAVELERS PALM DRIVE	
CITY-ST-ZIP EDGEWATER FL 32132	
TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS	
CITY-ST-ZIP	
TITLE D	<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)(f), 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: Bill OBrien****Pres 04/27/2001**

CR2E037 (11/00)