

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

**FILED**

02 MAR 22 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **U98 000006606**

1. Entity Name  
**Daytona Youth Ice Hockey Association, Inc.**

**DO NOT WRITE IN THIS SPACE**

**900005154349--5**

-03/06/02--01015--006

\*\*\*\*\*96.25 \*\*\*\*\*61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3 BlackJack Cir.</b>	3. Mailing Address <b>3 BlackJack Cir</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Port Orange Fla</b>	City & State <b>Port Orange Fl</b>
Zip <b>32124</b>	Zip <b>32124</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-359-1185</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <b>Brian T. Walsh</b>
Street Address (P.O. Box Number is Not Acceptable) <b>3 BlackJack Cir</b>
City <b>Port Orange</b>
FL <b>FL</b> Zip Code <b>32124</b>

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 **Brian Walsh President B.T. Walsh** **3/21/02**  
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 <b>P/A Brian T. Walsh 3 BlackJack Cir Port Orange, Fl 32124</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>V/D Mark Fisher 2319 Old Kings Rd. Port Orange, Fl 32129</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>S/D Melanie Romeo 8 Turkey Creek Pass Ormond Beach, Fl 32174</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>T/D Paul Szupello 640 Sweetwood Drive Port Orange, Fl 32127</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE  
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: **Brian T. Walsh B.T. Walsh** **3/21/02** **386-947-6785**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)