

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #-N98000007173

1. Entity Name

THE DEERFIELD BEACH ROLLER HOCKEY ASSOCIATION, I

Principal Place of Business

Mailing Address

770 NW 41ST WAY
DEERFIELD BEACH FL 33442

770 NW 41ST WAY
DEERFIELD BEACH FL 33442-9218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0890140

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

CONNELLY, ROBERT
770 NW 41ST WAY
DEERFIELD BEACH FL 33442

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DP
LANGLOIS, JAMES
5070 NW 56 ST
COCONUT CREEK FL 33073

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD
HILLMAN, KATHI
742 NW 41ST TERR
DEERFIELD BEACH FL 33442

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD
DAVISSON, TERIE
762 NW 42ND WAY
DEERFIELD BEACH FL 33442

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD
CONNELLY, ROBERT
770 NW 41ST WAY
DEERFIELD BEACH FL 33442

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
MARR, FRANK
738 NW 42ND WAY
DEERFIELD BEACH FL 33442

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
LEONE, BLAISE
PO BOX 4455
DEERFIELD BEACH FL 33442

☒ Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ 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

Date

Daytime Phone #

FILED

Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90017 006 ****61.25

631395



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)