

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90146 043 ****61.25

DOCUMENT # N99000001312

1. Entity Name
FLORIDA OLDTIMERS' HOCKEY ASSOCIATION, INC.



Principal Place of Business
**5997 SANDY LANE
WESLEY CHAPEL FL 33544-5122**

Mailing Address
**5997 SANDY LANE
WESLEY CHAPEL FL 33544-5122**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3573325**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRACE, CHARLENE E
5997 SANDY LANE
WESLEY CHAPEL FL 33544-5122**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	DANN, NORMAN E	
STREET ADDRESS	5997 SANDY LANE	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544-5122	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRACE, CHARLENE E	
STREET ADDRESS	5997 SANDY LANE	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544-5122	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARMSTRONG, NEIL	
STREET ADDRESS	6426 RENWICK CIRCLE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Charlene E. Brace* **SIGNATURE REQUIRED CHARLENE E. BRACE 05 JAN 03 (813) 973-3654**

CR2E037 (10/02)