

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004242

1. Entity Name

AMATEUR HOCKEY OF PENSACOLA, INC.

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90013 025 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3900 INDIAN TRAIL  
DESTIN FL 32541

P.O. BOX 930  
DESTIN FL 32540-0930

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

59-3593308

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

BOBBIE J. METZ

Street Address (P.O. Box Number is Not Acceptable)

3900 INDIAN TRAIL

City

DESTIN

FL

Zip Code  
32541

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME METZ, BOBBIE J  
STREET ADDRESS 3900 INDIAN TRAIL  
CITY-ST-ZIP DESTIN FL 32541

TITLE PD ☒ Change ☐ Addition  
NAME MICHAEL KENNEDY  
STREET ADDRESS 3750 RAINES ST  
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE VD ☐ Delete  
NAME BRIERLEY, PARIS  
STREET ADDRESS 3900 INDIAN TRAIL  
CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME BURKHART, PAULA  
STREET ADDRESS 3900 INDIAN TRAIL  
CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME GONTAREK, NANCY  
STREET ADDRESS 3900 INDIAN TRAIL  
CITY-ST-ZIP DESTIN FL 32541

TITLE TD ☒ Change ☐ Addition  
NAME BOBBIE J METZ  
STREET ADDRESS 3900 INDIAN TRAIL  
CITY-ST-ZIP DESTIN, FL 32541

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)