9/13/01-90010-050-$61.25-$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

0002567

DOCUMENT # N99000004242

1. Entity Name

AMATEUR HOCKEY OF PENSACOLA, INC.

FILED

01 SEP 27 AM 11:54

C0026651 [redacted] OF STATE

Principal Place of Business	Mailing Address
3900 INDIAN TRAIL DESTIN FL 32541	P.O. BOX 930 DESTIN FL 32540

DO NOT WRITE IN THIS SPACE

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
METZ, BOBBIE J 3900 INDIAN TRAIL DESTIN FL 32541	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 Bobbie Metz Bobbie Metz 9-11-01

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 **After September 12, 2001, min. will be $236.25**	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KENNEDY, MICHAEL 3750 RAINES ST PENSACOLA FL 32504	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pr - DIRECTOR M. Donovan 4313 White Leaf Cir. Pensacola, FL. 32504	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BRIERLEY, PARIS 3900 INDIAN TRAIL DESTIN FL 32541	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DIRECTOR Tammy Rigsby 4138 E Madura Rd Gulf Breeze FL. 32561	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BURKHART, PAULA 3900 INDIAN TRAIL DESTIN FL 32541	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec. DIRECTOR Cindy Lewis 1601 E Blount St. Pensacola, FL. 32503	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD METZ, BOBBIE J 3900 INDIAN TRAIL DESTIN FL 32541	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR DIRECTOR Elaine Schreiber 405 Williamsburg Dr. Gulf Breeze, FL. 32561	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

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.

($50)

SIGNATURE: Elaine Schreiber TR Elaine Schreiber 9-11-01 932-1605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #