

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0012374 AT

DOCUMENT # P02000132649

1. Entity Name  
ATLANTIC COAST HOCKEY PARTNERS, INC.



FILED  
03 MAY 13 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
215 CELEBRATION PL STE 500  
CELEBRATION FL 34747-5400

Mailing Address  
215 CELEBRATION PL STE 500  
CELEBRATION FL 34747-5400



2. Principal Place of Business

3. Mailing Address

803 Birchfield Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

Mt. Laurel, NJ

4. FEI Number

05-0545162

Applied For

Not Applicable

Zip

Country

Zip

Country

08054

USA

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

AMERICAN INFORMATION SERVICES, INC.  
255 S ORANGE AVE STE 1700  
ORLANDO FL 32801

Name  
David Waronker  
Street Address (P.O. Box Number is Not Acceptable)  
215 Celebration Place  
Suite 500  
City  
Celebration  
FL Zip Code  
34747

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

3/7/07

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WARONKER, DAVID  
215 CELEBRATION PL STE 500  
CELEBRATION FL 34747-5400 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600019836126  
05/23/03--01020--001 \*\*200.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WARONKER, RUTH  
215 CELEBRATION PL STE 500  
CELEBRATION FL 34747-5400 ☐ Delete

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

TITLE  
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☐ 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 607, 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 #

3/7/07

CR2E034 (10/02)