

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90019 028 ****61.25

DOCUMENT # 741613

1. Corporation Name

LARGO UNITED SOCCER CLUB, INC.

Principal Place of Business

P.O. BOX 952
LARGO FL 34649-0952

Mailing Address

P.O. BOX 952
LARGO FL 34649-0952



2. Principal Place of Business

1779 Belcher Rd.

2a. Mailing Address

P.O. Box 952

3. Date Incorporated or Qualified

02/15/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-2551417

Applied For
Not Applicable

City & State

Largo, FL.

City & State

Largo, FL.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country

33779 USA

Zip

33779

Country

USA

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LENEWEAVER, LAURA
2999 LONGBROOKE WAY
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/30/99

12. OFFICERS AND DIRECTORS

1.1 TITLE ☒ DELETE

JAME ROSSANO, MICHAEL

STREET ADDRESS 1849 S BETTY LANE

CITY-ST-ZIP CLEARWATER FL

1.2 TITLE ☐ DELETE

JAME LENEWEAVER, GENE

STREET ADDRESS 2999 LONGBROOKE WAY

CITY-ST-ZIP CLEARWATER FL

1.3 TITLE ☒ DELETE

JAME LONG, LYNN

STREET ADDRESS 600 STARKEY RD, #1002

CITY-ST-ZIP LARGO FL

1.4 TITLE ☐ DELETE

JAME RIGGS, CHRIS

STREET ADDRESS 177 ROYAL PALM DR.

CITY-ST-ZIP LARGO FL

1.5 TITLE ☒ DELETE

JAME CHRISLEY, WILL

STREET ADDRESS 7650 121 AVE NORTH

CITY-ST-ZIP LARGO FL

1.6 TITLE ☐ DELETE

JAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME President

1.3 STREET ADDRESS Celmer, Stephen

1.4 CITY-ST-ZIP 9056 136th St N.

Seminole, FL. 33776

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME District Commissioner

2.3 STREET ADDRESS Lene Weaver, Gene

2.4 CITY-ST-ZIP 2999 Longbrooke Way

Clearwater, FL. 34620

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Coaching Director

3.3 STREET ADDRESS Ferrot, Larry

3.4 CITY-ST-ZIP 3341 Lorena Way

Clearwater, FL. 33765

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME Rec. Director

4.3 STREET ADDRESS Riggs, Chris

4.4 CITY-ST-ZIP 177 Royal Palms Dr.

Largo, FL. 33771

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME Treasurer

5.3 STREET ADDRESS Maholm, William

5.4 CITY-ST-ZIP 8513 Bardmoor Pl.

Largo, FL. 33779

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME Registrar

6.3 STREET ADDRESS Cynthia Celmer

6.4 CITY-ST-ZIP 9056 136th St N.

Seminole, FL. 33776

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen Celmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
6/30/99 727-541-5733
Date Daytime Phone # x 4635

0011765

CR2E037 (5/99)