

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90095 003 \*\*\*\*61.25

0052721

**DOCUMENT # 745578**

1. Entity Name

**MANATEE AREA YOUTH SOCCER ORGANIZATION, INC.**

Principal Place of Business

Mailing Address

C/O MICHELE B. GRIMES  
 200 S. ORANGE AVE.  
 SARASOTA FL 34236  
 US

200 S ORANGE AVENUE  
 SARASOTA FL 34236  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2243243**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRIMES, MICHELE B.**  
**200 SOUTH ORANGE AVE.**  
**SARASOTA FL 34236**

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 \_\_\_\_\_

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 TORRES, JOSE  
 STREET ADDRESS 200 SOUTH ORANGE AVE.  
 CITY-ST-ZIP SARASOTA FL 34236

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD  Delete  
 NAME MORRISH, JIM  
 STREET ADDRESS 200 SOUTH ORANGE AVE.  
 CITY-ST-ZIP SARASOTA FL 34236

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD  Delete  
 NAME WYMAN, JOHN  
 STREET ADDRESS 200 SOUTH ORANGE AVE.  
 CITY-ST-ZIP SARASOTA FL 34236

TITLE TD  Change  Addition  
 NAME Kathy Vincent  
 STREET ADDRESS 200 South Orange Ave.  
 CITY-ST-ZIP Sarasota, FL 34236

TITLE D  Delete  
 NAME GRIMES, MICHELE  
 STREET ADDRESS 200 S ORANGE AVENUE  
 CITY-ST-ZIP SARASOTA FL 34236

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

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: \_\_\_\_\_

*Michele B. Grimes, Director*

3-20-02

(941) 329-6611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)