

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90005 004 ****61.25

DOCUMENT # 754338

1. Entity Name

HIGHLANDS YOUTH SOCCER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**CARTER ROAD SPORTS COMPLEX
 LAKELAND FL**

**P.O. BOX 5023
 LAKELAND FL 33807-5023**

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

59-2057974

Applied For

Not Applicable

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

**CRAVEN, HARVEY
 761 WOODHILL DRIVE
 LAKELAND FL 33813**

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
 NAME: LANE, PHIL Delete
 STREET ADDRESS: 235 ASH LANE
 CITY-ST-ZIP: LAKELAND FL

TITLE: PD
 NAME: CRAVEN, HARVEY Change Addition
 STREET ADDRESS: 761 WOODHILL DRIVE
 CITY-ST-ZIP: LAKELAND, FL 33813

TITLE: VD
 NAME: GOSSETT, DAVID Delete
 STREET ADDRESS: 5714 DEER TRACKS TRAIL
 CITY-ST-ZIP: LAKELAND FL 33813

TITLE: [Blank]
 NAME: [Blank] Change Addition
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: TD
 NAME: CRAVEN, HARVEY Delete
 STREET ADDRESS: 761 WOODHILL DRIVE
 CITY-ST-ZIP: LAKELAND FL 33813

TITLE: TD
 NAME: FINCH, EVAN Change Addition
 STREET ADDRESS: 524 OAK TRAIL
 CITY-ST-ZIP: LAKELAND, FL 33813

TITLE: SD
 NAME: GROVE, TAMI Delete
 STREET ADDRESS: 1435 LONGOAK DRIVE
 CITY-ST-ZIP: LAKELAND FL 33813

TITLE: SD
 NAME: BAZLER, KATHRYN Change Addition
 STREET ADDRESS: 6745 TRAIL RIDGE DRIVE
 CITY-ST-ZIP: LAKELAND, FL 33813

TITLE: [Blank] Delete
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: [Blank] Change Addition
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: [Blank] Delete
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: [Blank] Change Addition
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

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 REQUIRED EVAN FINCH** 1/8/00 863 644-5344
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #