

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90130 049 \*\*\*\*61.25



**DOCUMENT # 754338**

1. Entity Name  
**LAKELAND HIGHLANDS YOUTH SOCCER, ASSOCIATION, IN C.**

Principal Place of Business  
**CARTER ROAD SPORTS COMPLEX  
LAKELAND FL**

Mailing Address  
**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

4. FEI Number **59-2057974**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



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. 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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
FINCH, EVAN  
524 OAK TRAIL  
LAKELAND, FL 33813**

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TD  
FINCH, EVAN  
524 OAK TRAIL  
LAKELAND FL 33813**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TD  
DEE DEE BOWER  
LAKELAND, FL 33813**

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SD  
BARKER, KARYN  
8745 TRAIL RIDGE DRIVE  
LAKELAND FL 33813**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VD  
JOHNNY COUCH  
1034 HELENA LANE  
LAKELAND, FL 33813**

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VD  
WHITE, CHUCK  
2509 ROSALYN LN  
LAKELAND FL 33813**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SD  
SUSAN WYSILEWSKI  
2750 PIPKED ROAD  
LAKELAND, FL 33811**

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

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: **EVAN FINCH PRESIDENT 1/7/03 (888) 670-1920**

CR2E037 (10/02)