

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759297

1. Entity Name

GULFCOAST YOUTH SOCCER ASSOCIATION, INC.



**FILED**  
**Sep 05, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90109 004 \*\*\*\*61.25  
 09-05-2000 90024 050 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2599 COUNTRYSIDE BLVD #105 CLEARWATER FL 33761 US	Mailing Address 2599 COUNTRYSIDE BLVD #105 CLEARWATER FL 33761 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>59-2112267</b>	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**RISTORCELLI, PETER J**  
**8240 ULMERTON RD**  
**LARGO FL 33771**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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	
TITLE NAME PD HARDISON, KAY STREET ADDRESS 2599 COUNTRYSIDE BLVD #105 CITY-ST-ZIP CLEARWATER FL 33761	<input type="checkbox"/> Delete
TITLE NAME TD RISTORCELLI, PETER STREET ADDRESS 8240 ULMERTON RD CITY-ST-ZIP LARGO FL 33771	<input type="checkbox"/> Delete
TITLE NAME SD BENOIT, MARY STREET ADDRESS 615 2ND STREET SW CITY-ST-ZIP LARGO FL 34640	<input checked="" type="checkbox"/> Delete
TITLE NAME VP WATSON, ROBIN STREET ADDRESS 7312 8TH AVE N CITY-ST-ZIP ST PETERSBURGH FL 33710	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME SD KAREN MARISCAL STREET ADDRESS 143 BROADWAY ST CITY-ST-ZIP DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Peter J. Ristorcelli RE Peter J. Ristorcelli 8/25/00 (727) 535-0419  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)