2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759297

1. Entity Name

GULFCOAST YOUTH SOCCER ASSOCIATION, INC.



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

Sep 05, 2000 8:00 am Secretary of State

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

CLEARWATER US	FL 33761	CLEA! US	CLEARWATER FL 33761 US				1 I .10 11	1 1 401 / 8 1/4			ELEKT ALEKL ELE	() () () ()		
2. Principal P	incipal Place of Business 3. Mailing Address													
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE										
City & State City & State			4.		4. FEI Num	ber 59 -	2112267	,		Applied Not App	d For plicable			
Zip	Country	Zi _l	Zip Co		У		5. Certificat	\$8.75 Additional Fee Required						
	6. Name and Address of (Current Registere	ed Agent				7. Name and Address of New Registered Agent							
Name														
RISTORCELLI, PETER J 8240 ULMERTON RD				Street Address (P.O. Box Number is Not Acceptable)										
LARGO FL		٠.,												
		- 1			City					F	L Zip C	ode 		
8. The above	named entity submits this state	ement for the purp	ose of changing its	registered (office or	r registered	d agent, or b	oth, in the	state of Flo	orida.				
SIGNATURE .	Signature, typed or printed name of regist	ered agent and title if ap	olicable. (NOTE	: Registered Ag	gent signati	ure required w	hen reinstating)		<u></u>	DATE	:		_	
FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25 9. Election Campaign Fina Trust Fund Contribution				ncing	⊥ Adde	00 May Be ad to Fees		De	epartme	k Payable nt of Stat	.e 			
10.	OFFICERS	AND DIRECTORS		11.		A	ODITIONS/C	HANGES	TO OFFICE	ERS AND I	DIRECTORS		I.	
TITLE NAME	PD HARDISON, KAY		☐ Delete	TITLE NAME							☐ Chaṇi	ie 🗀	Addition	
STREET ADDRESS : CITY-ST-ZIP	2599 Countryside blv Clearwat <u>er Fl</u> 33761	D #105 		STREET A										
TITLE	TD RISTORCELLI, PETER		☐ Delete	TITLE NAME						×	☐ Chan)e □	Addition	
NAME STREET ADDRESS	8240 ULMERTON RD			STREET A	ADDRESS	<u> </u>				_				
CITY-ST-ZIP	LARGO FL 33771			CITY-ST	-ZIP									
TITLE	SD Benoit, Mary		⊠ Defete	TITLE NAME		SD	eni M	ARIS	CAL		🗶 Chan	je 🔀	Addition	
NAME Street address	615 2ND STREET SW			STREET A	ADDRESS	143	BROAD	WAY	ST					
CITY-ST-ZIP	LARGO FL 34640			CITY-ST	-ZIP		EDIN	, Fi	346	98				
TITLE	VP		☐ Delete	TITLE					-		☐ Chan	je 🗀	Addition	
NAME	WATSON, ROBIN	•		NAME	, DDDFCC									
STREET ADDRESS CITY-ST-ZIP	7312 8TH AVE N	710		STREET A		<u> </u>							ļ	
TITLE	ST PETERSBURGH FL 33		☐ Delete	TITLE	<u> </u>	_					☐ Chan	ge 🔲	Addition	
NAME			25000	NAME		·							1	
STREET ADDRESS CITY-ST-ZIP				STREET A										
TITLE			☐ Delete	TITLE				_			☐ Chan	je 🗀	Addition	
NAME STREET ADDRESS				NAME STREET A	NUBEcc									
STREET ADDRESS . CITY-ST-ZIP	•			CITY-ST										
49 Thorobus	Sortify that the information cours	liad with this files	does not qualify for	┸——		ted in Sec	tion 119.07(Ni) Florid	la Statutes	I further o	ertify that th	ne inform	nation	

I nereby certify that the information supplied with this filling 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 office 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.