

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90292 045 ****70.00

DOCUMENT # N00000002304

1. Entity Name
CHOCTAWHATCHEE HIGH SCHOOL SOCCER CLUB, INC.

Principal Place of Business Mailing Address
110 NW RACETRACK RD **110 NW RACETRACK RD**
FT WALTON BEACH FL **FT WALTON BEACH FL**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **P.O. Box 2304**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
FL Walton Bch., FL

Zip Country Zip Country
32549-2304 **USA**

4. FEI Number Applied For
59-3643893 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
FLEET, H BART
1201 EGLIN PARKWAY
SHALIMAR FL

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**

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		<input type="checkbox"/> Delete
TITLE NAME	D KANE, JAMES M	<input type="checkbox"/>
STREET ADDRESS	9532 MONTE CARLO CIRCLE	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE NAME	D SULLIVAN, MICHELLE K	<input type="checkbox"/>
STREET ADDRESS	227 OXFORD CT	
CITY-ST-ZIP	MARY-ESTHER FL 32569	
TITLE NAME	D CHILCOTT, ROGER W JR	<input type="checkbox"/>
STREET ADDRESS	44 MARLBOROUGH RD	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME	D/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME	D/P Merkle, Arthur	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS	115 Yacht Club Dr.		
CITY-ST-ZIP	Ft. Walton Bch. FL 32548		
TITLE NAME	D/V Rumph, Steve	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS	1009 Middle Dr.		
CITY-ST-ZIP	Ft. Walton Bch. FL 32547		
TITLE NAME	D/T Mills, Diana	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS	192 Country Club Rd.		
CITY-ST-ZIP	Shalimar, FL 32579		

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: ARTHUR MERKLE - P** Date: **2/1/2001** Daytime Phone #: **(850) 243-7977**

CR2E037 (10/00)

Choctawhatchee High School Soccer Club, Inc.
P.O. Box 2304
Fort Walton Beach, FL 32548

Additional Members Board of Directors

D
Brashears, John
375 Okaloosa Rd.
Ft. Walton Beach, FL 32548

D
Cofer, Ron
41 Lakeshore Dr.
Shalimar, FL 32579

D
Pacheco, Kathy
60 Fifth Ave.
Shalimar, FL 32579

D
Waywell, Dave
1161 Lost Trail
Ft. Walton Beach, FL 32548

D
Williams, Constance
41 Carson Dr.
Ft. Walton Beach, FL 32548

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