

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90079 012 \*\*\*\*61.25

**DOCUMENT # N16041**

1. Entity Name

**SAN CARLOS PARK SCORPION SOCCER CLUB, INC.**

Principal Place of Business

Mailing Address

18251 THREE OAK PARKWAY  
 FORT MYERS FL 33912  
 US

P.O. BOX 894  
 ESTERO FL 33928-0894

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

**NOT APPLICABLE**

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

PRATT, DENVER  
 9375 CROCUS CT  
 FT. MYERS FL 33912

Name **Jamie Lienhardt**

Street Address (P.O. Box Number is Not Acceptable)  
**17393 Fuchsia Road**

City **Fort Myers,**

**FL**

Zip Code  
**33912**

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

*Jamie Lienhardt*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*3/15/2000*

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
TD	PRATT, DENNER L	9375 CROCUS CT.	FT. MYERS FL	<input checked="" type="checkbox"/>	VPD	Beth Cherry	6024 Perthshire Lane Fort Myers, FL 33912		<input type="checkbox"/>	<input checked="" type="checkbox"/>
PD	BARTREM, MARK D	18481 HOLLY RD.	FORT MYERS, FL 33912	<input checked="" type="checkbox"/>	SD	Valerie L. Villanueva	18412 Fuchisa Road Fort Myers, FL 33912		<input type="checkbox"/>	<input checked="" type="checkbox"/>
VPD	CHERRY, TIM I	6024 PERTSHIRE LN.	FORT MYERS, FL 33908	<input checked="" type="checkbox"/>	TD	Amy Fitzgerald	19068 Murcott Drive E. Fort Myers, FL 33912		<input type="checkbox"/>	<input checked="" type="checkbox"/>
DVP	MILLAGE, MARK	7474 HICKORY RD.	FT. MYERS FL	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DS	LUNHARDT, JAMIE	17393 FUCHSIA RD	FT. MYERS FL	<input type="checkbox"/>	PD	Jamie Lienhardt		33912	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*Jamie Lienhardt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3/15/2000*

CR2E037 (9/99)