

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

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90160 038 ****61.25

DOCUMENT # N16041

1. Entity Name
SAN CARLOS PARK SCORPION SOCCER CLUB, INC.



Principal Place of Business
**18251 THREE OAK PARKWAY
FORT MYERS FL 33912
US**

Mailing Address
**P.O. BOX 894
ESTERO FL 33928**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIENHARDT, JAMIE
17393 FUCHSIA RD
FORT MYERS FL 33912**

Name

Street Address (P.O. Box Number is Not Acceptable)

4998 Rookery Circle

City

ESTERO

FL

Zip Code

33928

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	TD	<input type="checkbox"/> Delete
NAME	FITZGERALD, AMY	
STREET ADDRESS	19068 MURCOTT DR E	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FITZGERALD, AMY	
STREET ADDRESS	19068 MURCOTT DR E	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LIENHARDT, JAMIE	
STREET ADDRESS	17393 FUCHSIA RD	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHERRY, BETH	
STREET ADDRESS	6024 PERTHSHIRE LN	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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* **RESUBMITTED** *5/1/03 239 454 8500*

CR2E037 (10/02)