

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

04-27-2000 90003 030 \*\*\*\*70.00

**DOCUMENT # N46995**

1. Entity Name

**MELBOURNE EAU GALLIE UNITED SOCCER ASSOCIATION,**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1801 N WICKHAM RD MELBOURNE FL 32935 US	Mailing Address PO BOX 2341 MELBOURNE FL 32912-0125 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>P.O. BOX 120125</b> Suite, Apt. #, etc.
City & State	City & State <b>WEST MELBOURNE FL</b>
Zip Country	Zip Country <b>32912-0125 BREVARD US</b>

4. FEI Number <b>59-3103275</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MCCLELLAND, CLIFTON A. JR.**  
**700 SOUTH BABCOCK STREET**  
**SUITE 400**  
**MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name **STEVE IEZZI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3530 SERENITY LN**  
 City **MELBOURNE FL** Zip Code **32934**

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 (NOTE: Registered Agent signature required when reinstating) DATE **4/20/00**

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV KITCHEN, BRUCE 116 ORCHID BLVD MELBOURNE FL 32901</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV HAYES, TOM 2574 KINGSMILL AVENUE MELBOURNE FL 32934</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS LAURENDI, TONY 2489 KINGDOM AVE MELBOURNE FL 32935</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SPIELMAN, DON 4651 W EAU GALLIE BLVD, LOT 13 MELBOURNE FL 32934-7219</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DURBIN, FRANK 1443 ALBERNI ST NW PALM BAY FL 32907</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP MCGUIRE, GARY 2533 VILLAGE PARK DR MELBOURNE FL 32934</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T JERRI GARVER 649 MANOR PLACE WEST MELBOURNE, FL 32901</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AD ERIC STERN 5305 LAGUNA VISTA DR MELBOURNE, FL. 32934</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>B BARBARA WILLIAMS</b></del> <input 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	<b>P STEVE IEZZI 3530 SERENITY LN MELBOURNE, FL 32934</b> <input type="checkbox"/> Change <input checked="" 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: **21 Apr 2000**

DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

CR2E037 (9/99)